

8
VERDICTS OF CORONERS' JURIES.

THE CASE

OF

THE LATE MR. CORDWELL.

By P. F. CURIE, M.D.



LONDON :
SAMUEL HIGHLEY, 32, FLEET STREET.
1845.

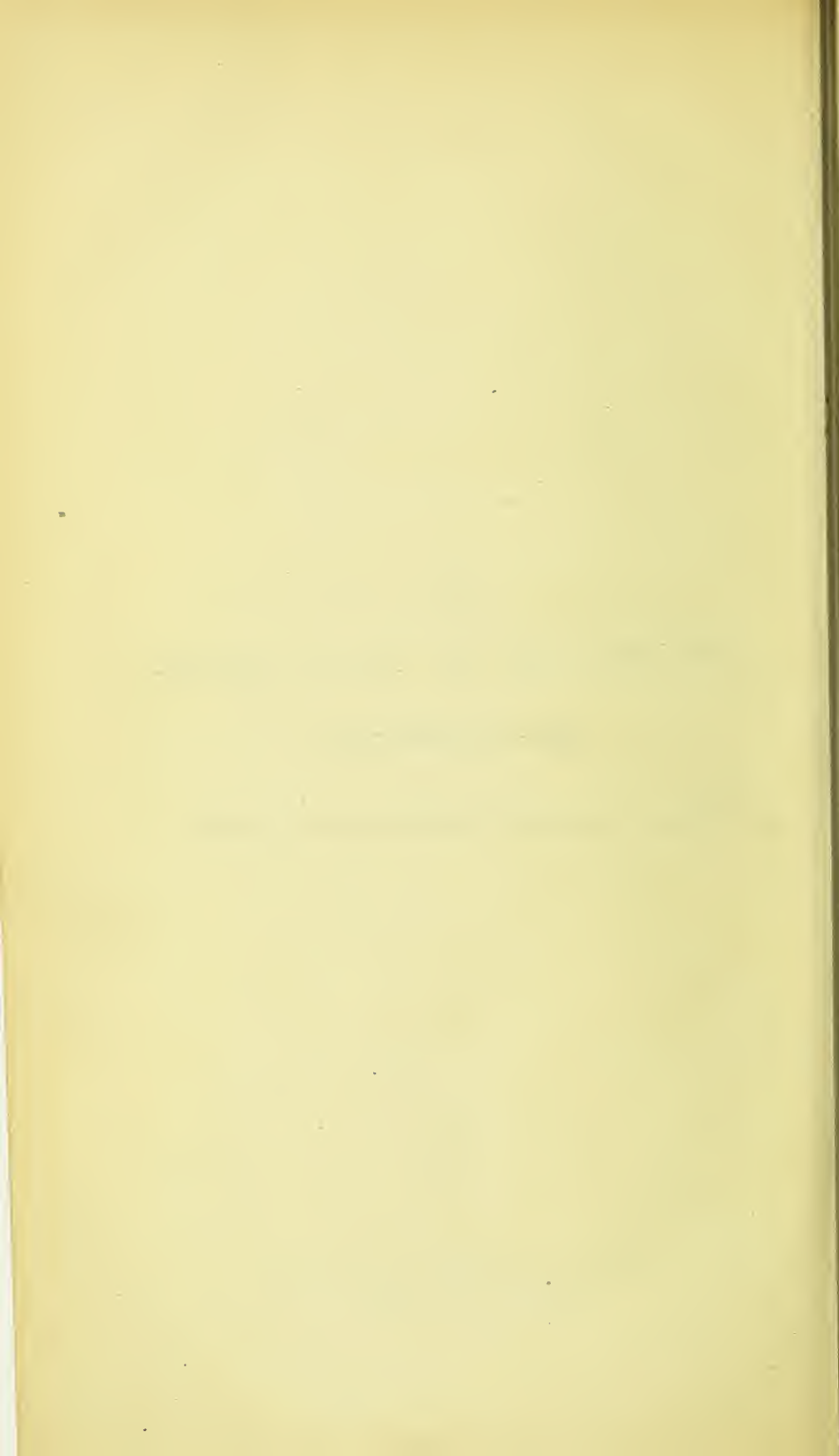
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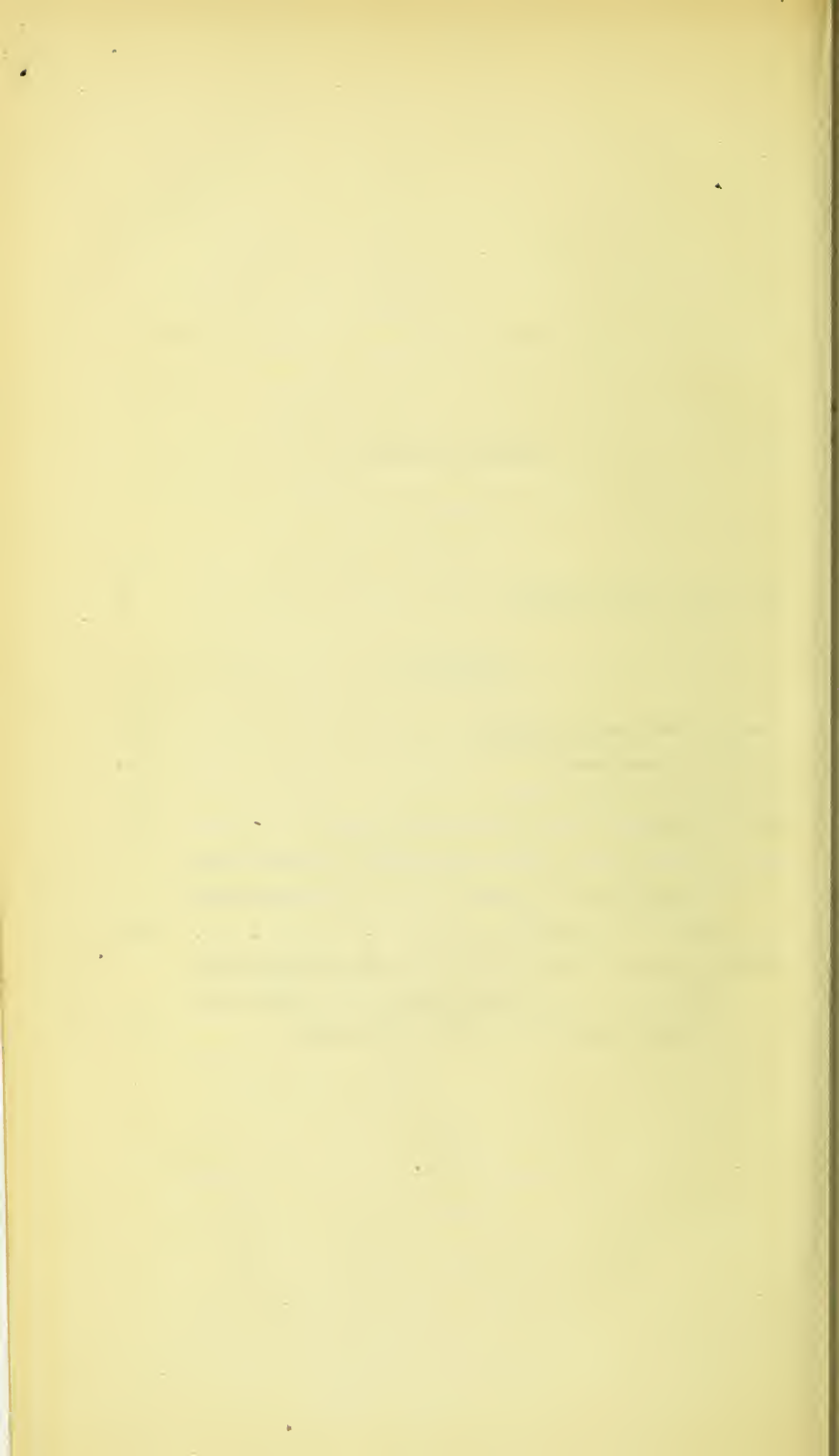


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A FEW weeks back, public attention was aroused by the report of an inquest on a Mr. Henry Cordwell, headed "THE HOMŒOPATHIC SYSTEM:" beyond this heading there was nothing in the report which had any bearing whatever upon Homœopathy, since although the deceased gentleman had been under my care until the three or four days preceding his death, and had been treated by me according to the Homœopathic system, the propriety of that treatment was not in the slightest degree called in question. Mr. Cordwell's case, however, was one of that class which call not only for *medical* treatment, but also for the exercise of the strictest care on the part of the professional adviser, with regard to dietetic and hygeic rules; and, the course which I had adopted in this latter respect having been brought out in evidence, the Jury unanimously resolved that it was such as to awaken "the strongest feelings of indignation and disgust"—expressions with which Mr. Wakley the coroner, himself a medical man, took occasion emphatically to state his "cordial" concurrence. This being aimed at an Homœopathic practitioner, appeared, no doubt, to the enemies of Homœopathy, amongst whom Mr. Wakley has long been most prominent, capable of being represented as a severe blow against that system; and hence the wide use that has been made of it. No one, however, except

through ignorance, could adopt this view ; because Homœopathy is simply a system of medicine, and stands as much as any other system of medicine independent of any dietetic rules which its practitioners may adopt.

It will thus be seen that the expressions of the Jury must be regarded simply as directed against the *dietetic* rules which I prescribed in Mr. Cordwell's case ; and I think it right therefore to lay that case fully before the public, in order that a judgment may be formed of their propriety. At the same time it may be mentioned, that I take this step without admitting it can properly be required of me ; because I conceive that a medical practitioner ought not to suffer prejudice in the eyes of the public by any expression of opinion which unqualified persons may put forth regarding his prescriptions and orders in any given case, when such persons have wholly neglected either to inquire of the practitioner himself the *reasons* upon which he grounded his orders, or to call in evidence from other medical men as to whether those orders could be shown to be necessarily injurious and incorrect.

I propose in the first place to state the entire case of Mr. Cordwell, from the period when he first placed himself under my treatment until the day on which my attendance was dispensed with ; next, to insert a report of the inquest ; and to conclude with such observations as the subject demands.

THE CASE OF

MR. HENRY CORDWELL, AGED 29.

PHTHISIS AND CHRONIC AFFECTION OF THE STOMACH AND INTESTINES.

Mr. CORDWELL first consulted me on the 19th of October, 1844. I had never seen him before.

He was of a nervous temperament, anxious, and irritable. He stated that he had never known sound health ; that in 1834 he had been attacked with diarrhœa, which lasted an entire twelve-month ; and that for a long time he had been troubled with frequent dyspepsia accompanied by nervousness and fainting fits. Also, that he had several times suffered from gonorrhœa, which had only been subdued by strong remedies. He mentioned especially that his health had declined since the year 1837. In the month of April he had had a rather severe attack of hæmoptysis, which was succeeded by vomiting of blood. He was, moreover, very subject to bleeding from the nose, and in the preceding year had undergone the application of caustic to remove an ulcer in the throat. During the long period of his ill-health he had placed himself under several practitioners, but he was unable to give the details of their respective treatment. He remarked, however, that he had taken a great deal of medicine ; and that, finding himself daily getting worse instead of better, he had recourse to hydropathy, from which, not finding the hoped-for relief, he came as a last resource to consult me with the view of being treated homœopathically.

From his general appearance ; the expression of his coun-

tenance ; the tone of his voice, which was more or less hoarse ; and the emaciated appearance of his limbs and body, my first impression was, that he was suffering from consumption ;—an impression which the following details tended to confirm :—

He complained of frequent hoarseness, and of a hard cough, chiefly on rising in the morning ; and he had expectorated thick tenacious mucus, although in slight quantities. On examining his chest, I found marked dulness upon percussion under both clavicles, and especially in the supra-clavicular spaces and at the posterior and upper part of both lungs. The rest of the cavity of the chest presented a normal sound, which contrasted remarkably with these indications. Where the dulness existed, there was also a want of elasticity on percussion.

The stethoscope indicated a strong resonance of voice in the upper part of the lungs anteriorly and posteriorly, and the respiratory murmur was very indistinct under both clavicles. The rest of the lungs presented no unfavourable sign.

The chest was at times painful, and even the muscles sore.

The tongue was furred and pointed. Appetite pretty good. Bowels relaxed. There was over-action of the heart, and the pulse was frequent and sharp.

The patient manifested much nervous irritability, and was very anxious in furnishing minutæ about his health.

These symptoms could leave little doubt that the patient was affected with phthisis, together with a chronic inflammation of the bowels : they indicated that an undue amount of blood found its way to the upper part of both lungs, and that at these points also there existed a deposit of tubercular matter ; that the stomach and intestines, likewise, were in a state of chronic inflammation, the skin and the extremities receiving less blood than in the normal state.

I ordered him to leave off all stimulants, such as wine, malt liquor, spirits, spices, and acids, and to live on nutritive food, taking care never to exceed his appetite. Beef, mutton, fish, poultry, a small quantity of vegetables, with gravy, and light puddings, such as rice, tapioca, &c. For beverage, only water, or

toast and water. This formed his diet, with strict injunctions to regulate the quantity as he might find it agree or disagree with him.

I advised him also, with the exception of the medicine I was about to prescribe, to abstain from all medicinal preparations; and further, that he should discontinue cold-water applications, to which he still accustomed himself, as I considered them most injurious in his state, their effect being to exhaust the vital powers in constant re-active efforts to produce heat at the skin, which the system had not vigour to accomplish.

I prescribed a globule of the 30th dilution of *sulphur*. This medicine has the power of increasing the secretion of the lining membrane of the bronchi, and would thus favour the dislodgement of the tubercular matter. By the same means it would also prevent congestion of blood in those organs and restore the natural action of the skin, interrupted by exposure to cold and the frequent external use of cold water, which, driving the blood from the surface, had produced a state of congestion in the mucous membrane of the lungs, the stomach, and the intestines.

29th Oct.—There was little alteration. The hoarseness had returned several times, and a blue mark was visible where the ulcer had formerly been. $\frac{1}{12}$ *Mercurius* was ordered, not only on account of the appearance of the velum palati, but on account of the probable syphilitic taint in the system from frequent gonorrhœa. A week afterwards, $\frac{1}{30}$ *nitric acid* was given with the same view.

12th Nov.—The cough had nearly ceased, occurring only from too much conversation. Hoarseness was still felt in the morning; and a shooting pain was complained of, sometimes in one side of the chest, sometimes in the other, or in the shoulders. Merely turning the head would bring on this pain.

The symptoms observable in the larynx showed the tendency of that organ to sympathize with the affection of the lungs; and, to prevent a deposition of tubercles therein, I ordered *carbo vegetabilis* $\frac{2}{12}$; a medicine also indicated by the rheumatic pain above mentioned.

A week afterwards *hepar sulphuris* $\frac{2}{12}$ was administered ; a medicine which would promote the secretion from the mucous membrane of the larynx, and assist in throwing off any tubercular matter, which might otherwise accumulate in that organ.

28th Nov.—The symptoms presented the same character, with the exception that, owing, it is presumed, to prevailing fogs, the hoarseness had increased. *Calcareæ* $\frac{1}{30}$ was prescribed as best calculated to counteract the atmospheric influence. This medicine would also act against the tubercular cachexia.

12th Dec.—The patient reported that the last medicine had acted powerfully on his entire system, and that it had, particularly, produced much dizziness, together with a sense of heaviness deep in the head behind the eyes. His nose and upper lip were swollen. The bowels had become costive. His appetite was fair, and the tongue cleaner and not so much pointed. I prescribed *nux vomica*, to increase the contractility of the intestines and to favour the process of digestion, so as to remove the costiveness.

24th Dec.—The patient was labouring under cold caught while skating, an exercise to which he had resorted with the idea of removing the coldness of his legs and feet, that symptom being one which gave him great annoyance. The hoarseness had increased, the cough had slightly returned, together with an expectoration of phlegm and a discharge of clear mucus from the nose. He complained also of a shooting pain in the left shoulder, and a painful drawing sensation in the region of the heart, which was increased by moving the arm. The tongue was a little furred and the bowels costive. Not much difference in the pulse, which with him was usually about 90.

Carbo vegetabilis $\frac{2}{12}$, and, five days afterwards, *hepar sulphuris* $\frac{2}{12}$.

I advised him to be most particular in his diet, and while his digestion was impaired to take a little less than usual. I cautioned him, also, against skating ; and, at the same time, in consideration of the tubercular affection under which he was labouring, recommended him to confine himself as much as possible to an equable temperature.

4th Jan.—The patient was improving. The cough was very slight, and the expectoration nearly gone. The impulse of the heart was too powerful, and occasional palpitations were complained of, together with a dull pain in the precordial region. The digestion was rather better. To subdue the increased action of the heart and the congestion of the lungs, I prescribed *phosphorus* $\frac{2}{18}$.

17th Jan.—The cough had ceased, as well as the expectoration. The hoarseness was felt while walking. There was obstruction of the nose, and the lips were a little swollen. Pulse 92. There was also a slight diarrhœa.

I recommended him to live chiefly on meat, light puddings and bread, and to eat moderately. Also to avoid, as much as possible, exposure to cold and damp.

At the same time, *dulcamara* $\frac{1}{2}$ was administered, chiefly on account of the atmospheric influences, and the diarrhœa. Some days afterwards *sulphur* $\frac{1}{30}$.

3rd Feb.—The bowels were still relaxed, and the breathing was not free. Having made another examination of the chest, I found the lungs just in the state I have previously described, and felt confirmed in my view, that the patient laboured under a tubercular affection. He complained of aching pain at the left hypochondrium, and itching at the prepuce, and the glands in the groin were slightly swollen and painful.

Lachesis $\frac{1}{30}$ was given, chiefly on account of the state of the digestive organs.

10th Feb.—The patient had been exposed to cold, having indulged in skating, as he considered his cough quite cured. He complained of sore throat; the pulse was more frequent than usual, and there were slight symptoms of cough.

Aconite was given to meet the febrile excitement, and afterwards a drop of *belladonna*, 3rd dilution, on account of the redness of the throat. A little redness still remaining, this medicine was followed by *ignatia*.

19th Feb.—The throat appeared nearly well; though the patient continued to feel much uneasiness there. He complained

of headache, and also of a shooting pain through the chest, chiefly between the shoulders. The tongue was not clean, and the appetite had diminished. The pulse more frequent.

Aconite, a drop of the 3rd dilution in water ; a fourth part every five hours.

20th Feb.—The patient had felt sick and faint. The tongue was more coated, and there was a general lassitude and pain in all the limbs, and especially across the loins. He had no appetite—and he had vomited some phlegm. The pulse continued frequent. Chilliness was also complained of.

My diagnosis, in consequence of the past history of the patient and the existing symptoms, was, that the seat of the present malady was in the mucous membrane of the digestive organs ; and that, owing to the repeated colds which he had caught while affected in this way, he was now threatened with a violent re-action of the system, which would manifest itself in an effort to throw off the perspiration so repeatedly suppressed.

Under this view, I prescribed *pulsatilla*, one drop of the third dilution in water ; a fourth part to be taken every four hours ; a medicine calculated to act especially on the mucous membrane of the stomach and intestines, where it was evident the re-action of the system was chiefly going on.

At the same time, I ordered the patient not to eat ; to which injunction he readily agreed, observing that he did not feel as if food would remain on his stomach. Toast and water, and weak barley water were allowed.

21st Feb.—The sickness had diminished, and also the fainting ; but the fever had increased, and there was a disposition of the skin to perspire. The pain across the loins continued, and there was aching of the limbs and much nervousness. The tongue was furred ; there was much thirst, no appetite, and very little tension of the abdomen.

Dulcamara was ordered ; a drop in five tea-spoons full of water, —a tea-spoonful every four hours.

This remedy was selected to favour the action of the skin ; the

pulsatilla having been given on the previous day to favour the secretion of the intestines.

Soon after the first dose of *dulcamara*, the patient began to perspire abundantly. The pain in the limbs also abated. There was yet no appetite; there was much thirst; the tongue was still furred, and the pulse too full and frequent. He was directed to take nothing but pure water of the temperature of the room; this abstinence being continued on account of the great febrile excitement, the total want of appetite, and the violent thirst, signs all indicating an irritation of the mucous membrane of the intestines which would have been immediately aggravated by the presence of food.

22nd and 23rd Feb.—The patient continued in the same state, with the exception that the symptoms were less marked. The former prescription was repeated, to be followed by one drop of aconite in the same way.

24th Feb.—The pulse was still too strong and frequent; the skin was hot all over, and the perspiration continued. The face was flushed, and there was still thirst with an absence of appetite. The anxiety, however, had greatly diminished, and he felt himself much more comfortable, so much so, that he asked if I thought it necessary to see him again.

It was evident that the febrile re-action was yet too strong to be neglected, and *aconite* was accordingly prescribed. A quarter of a drop of the third dilution to be given every five hours.

25th Feb.—The febrile symptoms had all abated. The urine was of a dirty yellow colour. The pulse continued strong, but was less frequent, and there was still a little perspiration.

Bryonia was prescribed; a drop of the third dilution in water—a fourth part every four hours. The continuance of the thirst, the developement of the pulse, and the perspiration were sufficient to indicate that remedy; more especially as the previous state of the patient and the progress of his disease suggested some apprehension that, after the inflammatory stage of his present attack, it might assume the typhoid form.

26th Feb.—The patient continued to improve. The above prescription was repeated.

27th Feb.—The fever was diminishing, and the patient felt altogether better. The tongue was cleaner, but the thirst continued, and there was no appetite. The pulse was a little frequent and rather too full.

Aconite, one drop of the third dilution in five doses ; a dose every four hours. Toast and water was now allowed as the first step towards a return to nourishment.

28th Feb.—The patient was looking very much better, and all the external signs promised approaching convalescence. There was hardly any heat of the skin ; the pulse was about 85, and the limbs perfectly free from pain. The thirst continued, but was less urgent.

I considered that two days more would suffice to subdue the acute state, and that abstinence was still altogether necessary during those two days, as the appetite had not yet returned, while the thirst and some frequency of pulse still remained.

Bryonia, one drop 3rd dilution in five doses ; a dose every four hours. The toast and water to be continued.

Finding the patient so well, I intended to defer my next visit till the next evening ; but in the afternoon of the 1st March, (Saturday,) I was summoned to attend him as soon as possible. I found him in one of a series of fainting fits. The face was pale, but not very cold ; and the pulse weak, not, however, indicating dissolution ; the pulsations about 65 per minute. He was perfectly clear in his mind, but his voice was very low ; there was a little pain and rumbling in the abdomen. I was told he had passed in the bed several loose offensive motions since one o'clock p. m. about the time the change took place, and upon examination I found the evacuations to consist of dark blood. The mouth was very dry, requiring constantly a little water, and he could not breathe without having a small piece of rag moistened in his mouth ; the skin was somewhat colder than in health. I sprinkled cold water on the face, and ordered the temples and forehead to be rubbed with

vinegar, and placed the head low ; I also directed the nurse strictly to void moving the patient.

Two drops of *lachesis* were immediately prepared in ten tea-spoons of water, a tea-spoonful to be given, first, every hour, and afterwards every two or four hours according to the decrease of the hæmorrhage.

After this, at half-past nine in the evening, I found the patient in a less alarming state. The hæmorrhage had much diminished, and the faintness, though frequent, was neither so great nor so constant. The voice also was better, and the face less pallid. The tongue was too pale and dry, and there was still thirst. The pulse was a little stronger.

On asking the patient if he could assign any cause for his present state, he said, that he had continued very much better during the whole of the preceding morning ; but that, having been thrown into a passion by a disappointment or annoyance he had met with, he had become worse from that moment, and he was satisfied that it had caused the hæmorrhage.*

I ordered *lachesis* to be continued, and recommended the greatest quietude. I directed also that as soon as the hæmorrhage should cease some beef-tea might be given—a tea-spoonful or two at a time every two hours ; but that, in case it should be found to disagree with the patient, it should be discontinued immediately.

2nd March.—This morning the patient was found in a much more satisfactory state. As soon as I entered the room he said, “ Doctor, I have not fainted since you left me.” The pulse was stronger, about 75, and the face less pallid, denoting a much better condition. He had slept a little during the night. The beef tea had not yet been given, on account of a little oozing of blood from the anus.

Lachesis was to be continued at longer intervals. I ordered the patient to be cleaned without his being moved, and I recommended rest of the strictest kind, and that no visitor should disturb him. The beef tea was to be given as soon as the bleeding had entirely

* Appendix.—Cause of hæmorrhage.

ceased. The patient asked me what time I should return. I promised to see him in the course of the evening. When I again called, I found at the door a note informing me that the most intimate friends of the patient had taken upon themselves to call in other advice.

Thus ended my attendance on the case, and I heard no more of it until I was informed by some friends that they had seen in the newspaper that Mr. Cordwell's death had taken place three or four days after my dismissal. To my surprise, however, on the evening of the 10th March I received a summons to attend a Coroner's Inquest in relation to it. The following Report of the proceedings at this Inquest is extracted from the *Times* :—

THE HOMŒOPATHIC SYSTEM.—CORONER'S INQUEST.

Yesterday the inquest on the body of Mr. H. Cordwell, solicitor, aged 29, was resumed at the Blue Boar, Tavistock-street, before Mr. Wakley, M.P.

The Jury were assembled on Tuesday last, but, in consequence of several reports which had been circulated, it became necessary to examine the body with the most minute caution ; and it was also necessary to request the attendance of some of the friends of the deceased, none of whom were present at the inquiry, and the inquest was accordingly adjourned until 10 o'clock on Friday (yesterday).

At 10 o'clock, the jury having assembled,

Mr. Wakley called several of the witnesses, and asked them different questions, which will afterwards be repeated in their evidence. The first witness was—

Miss Jane Macguire, who stated, on being sworn, that her

sister is the landlady of the house No. 2, Tavistock-street. Her sister is at present in the country, and was there before Mr. Cordwell came to the house ; so that she cannot know anything about the affair. Witness is in care of the house during her absence. Cordwell, the deceased, first came to the house on the 26th of October last, that is, he took the rooms on that day, but did not enter into possession until the following Monday. He said at that time that he had removed from Putney ; he said that he was a native of Liverpool. He used frequently to go out to obtain medical advice. He came to lodge in Tavistock-street as an invalid. He first became very ill on the 18th of February, and he sent for Dr. Curie, whose attendance continued until a few days before his death. He used to complain of pain in his chest. Witness was never present when Dr. Curie saw Mr. Cordwell. There were nurses to attend upon him, but witness herself attended upon him for the first two days. A Mrs. Buddrey, a washerwoman, then attended him for one night ; but she was discharged by Mr. Cordwell's friend, Miss Sharpe, and another woman taken in her place. Miss Sharpe is not a relative of the deceased, but a very old friend. Witness cannot say whether she had any conversation with Dr. Curie. She is not here to-day.

Mr. Wakley directed that Miss Sharpe should be summoned.

Witness, in continuation.—Cannot say anything with regard to the complaints of the deceased. Never heard Dr. Curie give any directions as to the diet, &c., of the deceased, but believes that all instructions were given to the nurses. Had heard the deceased say that he would not take anything against the orders of his medical attendant.

Mr. Wakley.—Is there no means of knowing what was his diet ?

Witness.—He took barley water at first, and grapes and figs. Witness used to buy them for him. He never expressed any opinion that he was in danger until the Saturday before he died. On that day he informed witness that he had had a change for the worse. Witness, at his request, wrote to Dr. Curie on the same afternoon.

Elizabeth Buddrey stated that she sat up with the deceased on the night of the 22nd of February. He could not drink anything but cold spring water. He refused some arrowroot which she offered to him ; saying that he was ordered to take nothing but cold spring water and the medicine prescribed for him. No medical gentleman visited him while witness was there. Witness went into his room first at 1 o'clock on Sunday morning, and remained until 8 the same morning. He did not speak of any discharge of blood. No friend came to see him while witness was there. He was quite in his right senses, and did not appear at all strange in his manner. Witness spoke to him in the night, and asked him if he would take some food. He said that he did not think that it would stay on his stomach if he did.

Maria Watkins stated that she was a widow, and also a nurse. Was asked to attend upon Mr. Cordwell by the last witness. She went to the house where he resided, on the evening of Sunday, the 24th of February. Mr. Cordwell was then in bed. Witness remained with him for twenty-four hours. He seemed nervous, and said that he wanted somebody who could sit up all night with him without going to sleep. Dr. Curie came to see the deceased on Monday, about the middle of the day. He came in consequence of having been sent for by Miss Sharpe. The deceased used to take a teaspoonful of his medicine every four hours. He did not take any food. Dr. Curie sent a powder for the deceased on Sunday morning at 11 o'clock. The powder was ordered to be divided into four parts and taken at different times. The deceased did not take the powder until Monday, when Dr. Curie came. The powder was then mixed with water, and Dr. Curie desired that it might be administered in teaspoonsful. The deceased was at that time very weak. He used to complain of violent perspirations. He used also to expectorate blood. Even while witness was with him he appeared to change for the worse, for his eyes assumed a glassy appearance. He did not appear anxious to have any medical gentleman but Dr. Curie to attend him. He did not taste food the whole of that time. Whenever witness spoke to him about taking so

much cold water, he said that it was very refreshing, and he was ordered to take nothing else. He said that he would comply with the rules laid down by his medical attendant, as his life was at stake. When Dr. Curie was with him in presence of witness, he desired the deceased to continue the medicine and the spring water.

Mr. Wakley.—Can you remember the exact words he said?

Witness.—I think I do. He said, “Nurse, continue the medicines for Mr. Cordwell, and also give him the spring water as usual.” Witness asked him if the water might have the chill off, or have a piece of toast put into it. Dr. Curie said “No.” Witness then said that it was too bad to give a sick man nothing but water. Dr. Curie then said that she might take the chill off it. Witness did not hear of any hæmorrhage while she was there. He was quite collected and rational.

Mary Griffiths stated, that she was a widow, and was engaged as a nurse to Mr. Cordwell. She had not been a nurse before that time. Witness went to him at 4 o'clock on Monday evening, and continued to attend him until the Friday following at half-past 8 o'clock. No one else but witness was in attendance on him. He did not take any food during the whole time that witness was in attendance upon him. There was nothing put into the cold spring water that he drank. He got still weaker while witness was there. He always refused to take food, saying that it was against the doctor's orders. Dr. Curie used to visit him, and, on the occasion of one of these visits, Mr. Cordwell asked Dr. Curie how long he was to remain in that state. Witness understood this observation to refer to the length of time that he had been kept without food. Dr. Curie said, “About two days longer.” No person offered him food while witness was there. Cannot say whether Miss Sharpe did so. On Friday morning, the deceased was so weak that Dr. Curie ordered him to have some toast in his water. Witness left at half-past 8 o'clock on Friday evening.

By a Juror.—He did not eat the toast that had been put in the water.

Mrs. Longstaff stated, that she is a nurse. She came to attend upon the deceased on Friday morning, about half an hour after the last witness left. Dr. Curie came to see him on the Saturday, and Drs. Roots and Headland came to see him on Sunday, at the request of his friends. There was extensive hæmorrhage from the bowels of the deceased on Saturday. He took some food on Sunday. She gave the deceased by the desire of Dr. Curie, who came on Sunday, one teaspoonful of beef-tea.

Mr. Wakley.—What did you say?

Witness.—One teaspoonful of beef-tea.

Mr. Wakley.—Are you sure you are quite correct?

Witness.—Yes.

Mr. Mills (the Deputy-Coroner).—Did he say one teaspoonful at a time?—He said one teaspoonful.

Mr. Wakley.—Repeat the whole conversation that passed.

Witness.—I asked Dr. Curie to be allowed to give the deceased some nourishment, and Dr. Curie said that I might give him a teaspoonful of beef-tea or two at that time. Mr. Cordwell said that he wished to go by Dr. Curie's orders, and did not make any other remark when he heard that he was to have beef-tea. Witness gave him some beef-tea, but nothing worth mentioning. *He threw it all up again.* He became much worse on Sunday.

Miss Sharpe stated that she lives at No. 39, Clarendon-square. Mr. Cordwell was not any relation of hers; but she has known him for the last fifteen years. Can't say where he came from. The deceased sent to witness on the 24th of February, and requested her to come at once, as he was very ill. Witness was surprised, as she had heard that he was in good health a short time before that. Witness went to his house at 9 o'clock on the morning that she received the letter, and found the deceased in bed. He desired witness to write to Dr. Curie, and to find a nurse for him, as he objected to the one he had got. He said that he had previously taken some medicine given to him by Dr. Curie, and in half an hour after he found himself in a profuse perspiration, which had relieved him from a state of great excitement, and he then felt much better. He said that his illness was

fever, brought on by influenza, and also by going out when he ought not to have done so. He informed witness that he had taken nothing but cold water since Wednesday week. When Dr. Curie came, he examined the deceased, and then informed witness that the fever he laboured under was not infectious, and his complaint was altogether very simple.* The deceased had complained of a sore throat. On one occasion, he asked if he might have some toast and water, but Dr. Curie informed him that it might increase the fever. The deceased was quite contented with his medical treatment, for he remarked that he never saw a fever so wonderfully treated, and that he was going on all right. Witness made him some barley-tea by pouring boiling water over the barley. He drank it with apparent relish, but requested that the jug might be hidden, that Dr. Curie might not see it. Witness was not at all satisfied with his treatment, and wrote to his friends, who sent for the assistance of Dr. Roots and Mr. Headland. The nurse informed witness that Dr. Curie had ordered him a teaspoonful of beef-tea. Witness saw it administered, and the deceased said, "Oh! does it not relish?" Witness went on Sunday to see him, but the servant informed her that Dr. Curie had given directions that no one should disturb Mr. Cordwell. Witness went up stairs without paying any attention to what was said. There was no person in the room except the deceased. Did not think that he was put under restraint by any person. It was his own wish that his friends should not be allowed to see him. Dr. Roots and Mr. Headland saw him on Sunday. Dr. Roots at once ordered him half a tea cup full of beef-tea. Cordwell did not like the idea of their coming, as he remarked that he had no opinion of the medical profession generally. He made no opposition to the totally different mode of treatment pursued by Dr. Roots and Mr. Headland, but took all they ordered him to take. He had brandy, wine, champagne, arrow-

* This was more correctly reported in another paper: "Dr. Curie said, that I need not be alarmed, as the fever under which Mr. Cordwell laboured was simple and not infectious, and that he was better than he had been."

root, and chicken broth ; in fact, everything that could be supposed to stimulate his stomach. He had arrowroot and beef-tea alternately every four hours.

H. S. Roots stated that he is a physician residing at 2, Russell-square. He had never seen Cordwell before he was called in on Sunday previous to his death. He was called upon by Mr. K. Barnes, who requested him to go immediately to see a friend of his. Witness stipulated that a general practitioner should be present, as he could not closely attend the case, for want of time. It was then agreed to call in Mr. Headland. Witness examined the head of Mr. Cordwell, but it was quite free from fever or heat. He found his chest tolerably healthy, there was no active disease of the heart or thoracic viscera. The abdomen was flat, and so much drawn back towards the spine, that it would hold water like a small bason. The tongue was very clean ; in fact, most unusually so. His pulse was about 88 or 90, but was extremely feeble. Witness found a piece of white rag in his mouth, which he chewed to excite the salivary glands, and relieve his thirst. There was no ulceration of his throat, and his skin was rather below the ordinary temperature. His feet were rather cold. There was hæmorrhage from the bowels, and a great quantity of blood had been lost. Witness ordered him some medicine, and requested Mr. Headland to change its nature if he thought it necessary. Thought his state one of extreme danger.

Mr. Headland corroborated this testimony in every respect, and said that the deceased was in such a state on Sunday night that he thought he was dead. The bleeding did not cease till Wednesday, and then only a short time before he died.

Mr. Hancock stated that he is a teacher of anatomy, and resides at 59, Harley-street, Cavendish-square. He examined the body of the deceased. The head was healthy, but the brain was slightly vascular. The chest was fully formed, but there was adhesion of both lungs, and there were also tubercles formed on the upper part of them. The cause of death was hæmorrhage from the bowels. The ileum and cæcum were both ulcerated, and that was the cause of the bleeding. That ulceration might depend on so many

causes, that witness would not venture to state any one in particular. The body was so emaciated that the muscles could be seen through the skin.

Mr. Headland then gave it as his own opinion that death had been caused by hæmorrhage, caused by ulceration of the ileum and cæcum, but that disease could not possibly be attributed to any particular cause with any degree of certainty.

Dr. Roots and Mr. Hancock concurred in this opinion.

Mr. Wakley said, that, now that the cause of death was ascertained, the inquiry could proceed no further. The reason of his holding the inquiry was the numerous letters, anonymous and otherwise, which he had received, demanding an inquiry ; and he was compelled to comply with the demand, as a case of starvation was alleged. If a man starved a dog or a horse, the law could not interfere ; but with a human being the case was different. It remained for them to decide whether they would make any addition to their verdict of "natural death" which they must certainly return.

Mr. Wakley and Mr. Mills then left the room, with all other persons who were not on the jury, and after remaining in consultation for an hour and a quarter,

The jury re-opened the court, and the foreman read the following verdict :—"The jury are of opinion that Henry Cordwell died from exhaustion, caused by loss of blood from the intestinal canal, produced by natural disease : and in complying with what the jury believe to be their bounden duty, in returning their verdict in strict accordance with the sworn evidence of the medical gentlemen who have been called as witnesses, the jury cannot refrain from expressing the strongest feelings of disgust and indignation, at hearing it proved by the testimony of the nurses, that the afflicted gentleman had been cruelly exposed to a system of starvation, while in a state of the most extreme debility, during at least ten days previous to his death ; he having, during that long time, been allowed nothing but cold water, by the advice of his medical attendant."

Mr. Wakley.—I concur fully in the verdict, and had I been a jurymen I should have returned the same.

Mr. Clarkson attended to watch the proceedings, which appeared to excite the most intense interest in the homœopathic world.

A still more extended report appeared in the *Morning Post*, containing one or two further points worth mentioning. Thus the evidence of Dr. Roots states—“I examined Mr. Cordwell’s chest with a stethoscope, and could not find in any part of it any active disease, either of the lungs or of the heart ;” also, “when Mr. Headland and myself saw the deceased he did not seem much pleased with our visit ;” and further, “there never was the slightest hope of his recovery.”

This report also, after stating that at the *post mortem* examination Dr. Hancock found in the abdomen of the deceased about half a pint of beef-tea, contains the following :—

“Dr. Epps, who stood near Mr. Wakley, suggested that perhaps Dr. Curie might like to say a few words before the inquiry closed.

“Mr. Wakley said there was no charge made against Dr. Curie by the medical men who had been examined, and therefore he should advise that gentleman to be silent.

“Dr. Curie said, *as no charge had been made*, he certainly had no desire to trouble the Court with any remarks.”

After this the Jury delivered their verdict (involving certainly not a tangible charge, but a condemnation which could only have been fairly put forth if a charge had been made and proved) when

“Mr. Wakley remarked, with considerable emphasis, If I were

a juror, I have no hesitation in saying that I should most cordially agree with the observations just read.

“Mr. Burra (Dr. Curie’s legal adviser).—Under those circumstances—

“Mr. Burra was about to make some remark, when he was interrupted by

“The Coroner, who desired the officer to close the Court.

“Harvey obeyed with considerable alacrity, and the proceedings were declared at an end, having extended over rather more than four hours.”

The Report also concludes with the following paragraph—

“As a matter of justice to Dr. Curie, it should be mentioned that from the moment Dr. Roots and Mr. Headland were called in, Dr. Curie was not allowed to see his patient. The evidence shows Dr. Curie’s last visit to have been made on Sunday morning, and it will be observed that the deceased died on the Wednesday evening following.”

From these Reports it will be seen that the Jury and Mr. Wakley, the medical coroner, did not enter into any inquiry regarding the circumstances which induced me to order the abstinence, but based their expressions of “indignation and disgust” solely on the fact that ten days’ fast had been ordered. If these expressions had come merely from the Jury, (although the injustice of using them against a practitioner without first asking him for an explanation must in any case have been apparent,) they would not perhaps have been wondered at, because to persons altogether ignorant of the details of medical science, ten days naturally seem a serious period for any one to be kept without food ; but that a medical

man should have fallen into the error of supposing this to be an unexampled and necessarily an undue abstinence cannot fail to excite the strongest feeling of surprise. It is well known that abstinence for a much longer period is often essential. Andral, in his great work *La Clinique Médicale*, quotes a number of cases of fever in which the total abstinence varied from a few days to several weeks. Of these a few may be mentioned.

CASE LXXIII.—*Ten days' abstinence* (the patient recovered).

CASE LXXIX.—*Twenty-seven days' abstinence*. On the twenty-eighth day the prostration disappeared, returning strength was manifested, and a little milk and water was then given; the patient recovered.

CASE XLV.—*Nineteen days of abstinence*. In this case, the treatment pursued was different from that in the other cases. Tonics, stimulants, revulsives, and bleeding were resorted to. The patient died.*

Dr. Louis, also, whose works are universally in the hands of English physicians on account of the celebrity he has acquired by his researches in relation to typhus fever and phthisis, has published numerous cases in which it appears that, no matter what the medical treatment may have been, prolonged abstinence was invariably ordered—from *ten to twenty days* being about the average; thus

In the 1st Case, we find *Nine days* of abstinence.

2nd	„	Five days of abstinence at the hospital and eleven days previously, making <i>sixteen days</i> .
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3rd	„	<i>Seventeen days</i> .
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* It is not stated that any inquest was held on this patient, and it is reported by Andral as if he had not the slightest apprehension of its exciting “indignation and disgust.”

In the 5th Case, we find *Ten days*.

14th ,, About *twenty days*.

This writer, treating of convalescence (p. 427), says, "The emaciation, which was considerable in some cases, disappeared more slowly in proportion to the degree in which the restoration of the digestive functions was retarded after the commencement of convalescence." And in a note he adds, "I place the epoch of convalescence at the time when the patients began to eat a little bread."

Again,—Dr. Andrew Combe, than whom perhaps no higher authority could be quoted, thus clearly enforces the position, that the want of appetite should always suggest to the practitioner the strict necessity of withholding food :—

"In those states of the system, *such as fever*, during the continuance of which most of the secretions are vitiated, and the stomach itself is weakened, and where food would consequently be hurtful rather than advantageous, appetite is scarcely felt, and loathing often occupies its place. But the moment that, by the diminution of the disease, the secretions and exhalations begin to return to their healthy state, and nutrition is resumed, appetite begins to be again felt, and by and by becomes abundantly vigorous, in order to restore the system to its former state. The utmost caution, however, is still required in its gratification, as a premature indulgence is almost certain again to stop the secretions and to produce a relapse. *Ignorance of this principle among the community at large, and the consequent error of giving food when there is no demand for it, often do more to defeat the best laid plan of cure than the severity of the disease itself.* The sick man's friends, in their anxiety to support his strength, too frequently turn a deaf ear to every caution which is suggested, and stealthily administer sustenance when the system does not require it, and when it *serves only to aggravate the danger and increase the weakness of the patient.*"*

* "I recommended Mr. Cordwell to take some food myself, but he

And not even can an apparent desire for food be at all times taken as an infallible test of the safety of allowing it, since in some cases there is a craving on the part of the patient which it is the task of the practitioner to discriminate from real appetite.

“The most common source of the errors into which we are apt to fall in taking appetite as our only guide, is unquestionably the *confounding of appetite with taste*, and continuing to eat for the gratification of the latter long after the former is satisfied. Mischiefs sometimes arises also from people not being sufficiently aware, that, in common with other sensations, appetite may be so far deranged by disease as to give very incorrect and unnatural indications. It often happens, for example, that a patient shivers and complains of cold, when we know by the thermometer that the heat of the skin is really above instead of below the natural standard. In like manner, in some morbid states of the nervous system, a craving is often felt which impels the patient to eat, but which is not true hunger; and here food, if taken, is digested with great difficulty. These, however, being cases of disease, do not in any degree militate against the accuracy of the exposition above given of the healthy uses of appetite.”—THE PHYSIOLOGY OF DIGESTION, *by Andrew Combe, M.D.*

Next we have Dr. Barlow in the Cyclopædia of Practical Medicine,—

“Diet in cases of fever or inflammation. *Happily under fever appetite pretty generally declines, and the patient is thus debarred from taking what would aggravate his disorder.* The suggestions of nature are always worthy of attention, and in no instance are they more clearly announced than in the inappetency which

said ‘he was perfectly satisfied—that he had never known a fever so wonderfully treated, and that all was going on right.’ I made for him a jug of pearl barley tea.”—*Evidence of Miss Sharpe as reported in the “Morning Post.”*

attends the febrile state. This disinclination for food accords with what our best knowledge of fever enjoins. *During acute fever or inflammation, abstinence is essential* ; and, so long as they continue active, the standard of diet *can hardly be too low*. Simple diluents are all that the stomach can bear, or the patient require, and even with these the stomach should not be oppressed. So powerful is mere abstinence in abating fever, that it might almost be laid down as an axiom, THE MORE PERFECT THE ABSTINENCE, THE LESS WILL BE THE NECESSITY FOR MEDICAL AGENCY."

And again,—

"However opinions may differ on the connexion of fever with an antecedent state of plethora, all will agree that under fever the ordinary expenditure of nutritive matter in the several secretions of health becomes diminished, from the secretory functions by which the several tissues are nourished failing in their wonted energies ; whence the nutriment with which the blood is, on the accession of fever, already charged, can no longer be beneficially disposed of, and becomes oppressive to the system. To add to the load by more diet cannot be judicious. NATURE REVOLTS FROM IT, EXPERIENCE CONDEMNS ITS USE, AND ENLIGHTENED PRACTICE WILL EVER WITHHOLD IT, however importunate friends and relatives may be, through mistaken kindness, to induce a relaxation of that discipline, which the judgment of the medical attendant leads him to enforce."—CYCLOPÆDIA OF PRACTICAL MEDICINE. Edited by *John Forbes, M.D. F.R.S.* ; *Alexander Tweedie, M.D.* ; and *John Connolly, M.D.*

In the same Work it is remarked also by Doctor Tweedie,—

"In almost every case the practitioner has to contend against the prevailing notion, that the strength can only be restored by nourishment, and even wine. The inherent restorative powers of the system, and the greater safety of leaving nature slowly to effect her own purposes, than to hazard a renewal of the febrile

action, or to rekindle local inflammation by acts of imprudence, should be pointed out. When the symptoms have been severe, and consequently the treatment active, more especially when large losses of blood have been sustained, the greater is the danger of relapse. In some instances, again, the local inflammation which may have arisen has not been wholly extinguished, there is a lurking indisposition—a tedious recovery, as it is termed. Such cases, it should be remembered, only require the excitement resulting from indiscretion in diet or prolonged exertion, to reproduce the local inflammation.

“We may remark that, in our experience, by far the greater number of cases of relapse take place from indiscretion in diet. It should also be strongly impressed on the convalescent, that it is as necessary to guard against the quantity as the quality of food, *particularly when there has been gastric irritation in the progress of the fever.*

“Besides avoiding every source of general excitement, it is necessary to impose restrictions according as the several organs may have been affected. Thus, when the symptoms in the brain have been severe, undue mental effort should at first be abstained from as much as possible. When the lungs have been inflamed, every circumstance likely to produce recurrence of the pulmonary disease must be avoided; and similar precautions, *but more especially with regard to diet*, are necessary, when the gastric organs have been implicated.”—*A. Tweedie, CYCLOPEDIA OF PRACTICAL MEDICINE*, vol. ii. p. 214.

Dr. Craigie, in his *Practice of Physic*, vol. i. p. 346, speaks thus :

“On the subject of food during fever and in convalescence a few words may suffice. While solid food, and especially animal matters, are loathed and rejected, and *drink is taken with avidity* by patients in fever, *it is certain that all solid nutriment is injurious*; and the patient should be restricted to the use of the ptisans, the acidulous drinks, and such fluids as whey, small beer, and pure water, so long as the tongue is loaded, the skin

hot and dry, and the pulse quick. *Solid food should be withheld till the patients ask for it*, and then it should be confined to panado, sago, tapioca, arrow-root, oatmeal gruel, flummery or thin porridge. *Animal soups and solid animal food are almost invariably the cause of relapses*; and to these the patient should return very gradually, and after the tongue has been *many days* clean,* and the appetite good."

In the eyes of Mr. Wakley and the Jury, the cold water seemed as much to be condemned as the abstinence. On this head Dr. Craigie says—

"It is of great importance, in the treatment of *synochus* and *typhus*, to restore the circulation and secretion of the skin, and the secreting glands to their healthy state. The most valuable agents in acting on the skin are washing and sponging with warm water and soap, tepid or cold sponging, cold affusion upon the head or person, and warm fomentations of the feet. Cold affusion is contra-indicated only *where there are symptoms of bronchial, pulmonic, pleuritic, cardiac, or enteric disorder*. Next to cold affusion, COLD DRINKS are the best diaphoretics in fever." —Ibid. Vol. i. 343.

But Dr. Elliotson, in his esteemed Work on the *Principles and Practice of Medicine*, p. 126, goes much further—

"Diet in Inflammatory Cases.—Still pursuing the plan of exclusion, we should give the patient but little food; and even that should be of the most inert kind. *In fact we should starve him without letting him know it*; pursue starvation in disguise.

* Dr. Roots in his evidence speaks of finding Mr. Cordwell's tongue "unusually clean," but this was after the hæmorrhage, and even in any other case this negative sign would have little weight. Dr. Louis, from whom I have already quoted, mentions that in his cases he found the tongue nearly constantly in the natural state.

Plain water would be the best thing in many inflammatory complaints; but we must allow toast and water, or barley-water, for the purpose of satisfying the patient. In consequence of the thirst a great deal of drink must be taken. This should be cold, unless the patient wish to have it warm."

Again, in cases of continued fever, the same Author says—

"Upon the whole, a downright cool drink,—PLENTY OF COLD WATER, is one of the best things that can be given."

These authorities would seem amply sufficient to justify a practitioner in enforcing strict abstinence in cases where it appears to his judgment to be necessary; and notwithstanding the new authority arrayed against them in the person of Mr. Wakley, supported by an unprofessional Jury, I believe they will still be received with deference.*

* Mr. Wakley in addition to having much to learn from our highest medical authorities, shows himself far behind his ordinary colleagues in a knowledge regarding the periods during which abstinence may be prolonged, and of the peculiar tendency of fever to produce a state of the nervous system somewhat analogous to that produced by alcohol, in which life may be preserved for a long time under an absence of nutrition. The following paragraph appeared last month in the *Glasgow Journal*—

"SINGULAR CIRCUMSTANCE.—On Monday morning, when some workmen commenced the repair of a house at the foot of Maxwellton Street, Glasgow, which had for some time been untenanted, they found a woman sitting in one corner with the door bolted upon her, and nearly in a lifeless state, as she well might, in consequence of her having voluntarily confined herself in that place for *twenty-four days*. In consequence of a difference with some of her family, it is understood she had locked herself up in this deserted dwelling with the view of starving herself to death. When found she was sadly emaciated, but with assistance *was able to walk some distance to the house of a relative*. WE UNDERSTAND IT IS THE OPINION OF A MEDICAL GENTLEMAN WHO VISITED HER, THAT SHE

But to a medical man after more than twenty years' practice, there is or should be in all cases a better voice to guide him even than that of the most esteemed authorities, the voice of *experience*. On this ground I am able to take my stand entirely, and I do not hesitate to express a belief that among the most fatal errors committed by medical practitioners is that of continuing to allow food in acute cases when the signs of healthy appetite are altogether wanting.

I select the following cases of abstinence from a host of others which have occurred within my own practice :

MUST HAVE PASSED THROUGH A COURSE OF FEVER, OTHERWISE SHE COULD NOT HAVE EXISTED SO LONG. She was first missed on Friday, the 14th of March, and was found, as stated, on the 7th instant."

CASES.

CASE 1.

Miss L——, aged about 19. In Sept. 1839, this young lady was attacked with malignant sore throat. The velum palati and tonsils were very much swollen and red, and at one part on the right side was a dark spot threatening gangrene. Deglutition was almost impossible; the skin was very hot; the pulse rapid and much developed. There was much thirst and no appetite. The tongue was coated in the centre, and too red at the tips and edges.

Aconite and belladonna had been administered to the patient a few days before I saw her. During those few days she had not taken food, as she had been unable to swallow. I successively prescribed *aconite, belladonna, arsenicum, psoricum, sepia*, and *sulphur*. Sloughing took place where I had noticed the blue mark; but gradually the patient got better, the swelling of the throat diminished, the ulcer left by the sloughing became cleaner, the pain and fever subsided, and *about the tenth day of my attendance I allowed for the first time a little food.*

In this case the patient remained very nearly a fortnight without nourishment of any kind. She had lost a little flesh and strength, but in a week she recovered both.

CASE 2.

Mrs. C——. This lady, previous to her marriage, having caught cold and become much debilitated from the effects of the late hours

and heated ball-rooms of a London season, was attacked with phthisis of the upper lobe of the right lung. The signs were dulness on percussion, absence of vesicular murmur, strong resonance of voice, muco-purulent expectoration, and also, spitting of blood ; great shortness of breath ; excessive weakness of voice, general debility, acceleration of pulse, &c. From this state, after six months' treatment she recovered, and, in about six months further, she was married.

Some time subsequent to her marriage, after having been ailing for several days, she was suddenly seized with alarming symptoms. The pulse was exceedingly frequent and very weak ; there were general prostration, thirst, and want of appetite ; the tongue was pointed and red, and the skin hot ; there was also purulent and sanguineous expectoration with occasionally troublesome cough. Dulness of percussion was distinctly perceptible under the right clavicle, and there was resonance of voice and hardly any vesicular murmur.

My opinion was, that some tubercles which had not come away during the former attack were softening, and that consequently the patient was again attacked with phthisis. And that, at the same time, the symptoms of the intestinal canal and the rapid prostration of strength indicated a typhoid affection.

The disease was obstinate for several weeks. According to the febrile symptoms, the patient took successively *aconite*, *bryonia*, *rhust* (in drops of the 3rd dilution), *phosphorus* (also in drops), and finally *sulphur* 12. She remained about three weeks in a critical state, but gradually the symptoms subsided and the appetite returned.

It was only then that I began to allow food ; commencing with but a few tea-spoonsful of chicken broth, and increasing the quantity daily. In a week or two the patient took food as usual, and she has ever since enjoyed good health.

CASE 3.

MATILDA CURIE, aged 7.—This patient was my own child. About three years back she was attacked with typhus fever. The

medicines administered were *aconite*, *cina*, *nux vomica*, *pulsatilla*, *belladonna* and *rhus*, (in drops,) and finally *sulphur*.

She remained twenty-three days without food. The first ten days she constantly asked for it, but it was evident from other symptoms that the craving was a morbid and not a natural sensation. On the twenty-third day she had a tea-spoonful of chicken broth in ten tea-spoonsful of water, two spoonsful every two hours. After this, the food was increased every day, but very slowly ; yet so rapid was the return of strength that the patient was able to sit up in bed and amuse herself before she had taken any solid food whatever. She recovered very rapidly and has enjoyed good health ever since.

CASE 4.

Miss B——. This was a little girl who had been suffering for about a fortnight from a severe affection of the bowels and head, and who was at length in a very dangerous state. There was constant delirium, with screams and agitation ; the face was flushed ; the head hot ; the pupils dilated ; the tongue red and pointed ; the skin hot all over ; and the abdomen rather distended and tense. At times the patient knew her mother, but at other times she could not recognize any one. She had been treated by the allopathic, or ordinary method, for about a fortnight, and had daily become worse.

I immediately ordered a discontinuance of *food*, and prescribed *aconite* and *belladonna*, one-fifth of a drop of the 3rd dilution to be given alternately at intervals of three hours. This was followed by *nux vomica*, and then by a return to *belladonna*. *Aconite* and *rhus*, *nux vomica* and *cina* terminated the treatment.

The patient recovered from the attack after being under my care for three weeks, *having remained more than a fortnight without taking anything but plain water, toast and water, and, finally, gum-water.* The convalescence was very rapid, and she continues well.

CASE 5.

A NURSE in the family of Lady T——. This is a case in which I am persuaded the life of the patient depended entirely on abstinence from food. She was affected with typhus fever, and was already attended by a homœopathic practitioner when I was called in. Several remedies had been administered, but the patient had gradually become worse. The brain, though not yet severely affected, was evidently sympathizing with the digestive organs, which appeared to me the chief seat of the disorder ; the tongue was furred in the centre, and rather brown and red on the edges ; there was great thirst and no appetite ; the abdomen was tense ; there were costiveness, prostration, and agitation.

I advised complete abstinence, prescribing at the same time a drop of *bryonia* alternated with *aconite*, also in a drop.

The next morning we found the patient decidedly better. I advised continuance of the treatment ; and, not considering the case dangerous enough to require the presence of two practitioners, mentioned that it would not be necessary for me to attend again.

Two days afterwards, however, I was again summoned, and found the patient in a most alarming state. The brain since the previous day had become so violently affected, that four persons could scarcely restrain her. There was constant delirium ; the skin was hot ; the face flushed ; the pulse quick and strong ; and the tongue very red. After many inquiries, with a view to discover the cause of this alarming state, I learned that although the patient had gone on with the same medicine, she had been allowed to take food, and that very soon after it had been given the violent symptoms had come on.

I considered that the food had been given too soon, and advised that no more should be allowed. The practitioner in attendance not joining in this opinion, a third physician was called in, by whom my view was confirmed, and I was accord-

ingly requested to undertake the case.* I need not describe the progress of the disorder further than by mentioning that, after a few days, during which *belladonna*, *aconite* and *rhus* were administered, the delirium subsided, and that gradually under the action of *pulsatilla* and *nux vomica*, the digestive functions were restored. But the severity of the symptoms was such, that I was obliged to keep the patient for *more than a fortnight* without any food whatever. She merely took water at first, and toast and water when the fever was subsiding. I then ordered her some light aliment, and in about a month she was perfectly restored. I have seen her since ; she looks well, and states that she has never enjoyed better health.

CASE 6.

—— G —— aged 28, a housemaid. This patient possessed a strong constitution, and had enjoyed good health up to October, 1843, when, after repeated colds, she was attacked with severe pain in the posterior part of the head, and aching in the back and the limbs. After this she felt sick, and vomited some phlegm along with her food. She had lost her appetite ; the tongue was furred in the centre and too red on the edges ; there was frequent nausea with vomiting of mucus ; a gnawing sensation at the epigastrium ; much flatulence ; constipation ; and pain and distension of the abdomen. There were also, sore throat with much difficulty in swallowing ; great thirst ; and prostration of strength to such an extent, as scarcely to permit the patient to move in

* The practitioner here alluded to speedily after the publication of the verdict in Mr. Cordwell's case, and when public prejudice was most strongly excited, joined in a Declaration with several other Homœopathists to the effect, that my view regarding the necessity of abstinence under such circumstances was not necessarily a part of homœopathic practice ; (a statement which I regret to say is quite correct, as it appears to me that in this respect the majority of homœopathic practitioners have yet much to learn from the authorities of the old school ;) and "unequivocally repudiating" my doctrine that the amount of food should in every case be strictly proportioned to the power of digestion, and that when this power is suspended food should be withheld.

bed. The pulse was 104, and the skin hot. There was great sadness, and, during sleep, distressing dreams.

These symptoms, the state of the tongue and abdomen, and the prostration of strength, together with a very offensive odour from the mouth and skin during the whole course of the fever, clearly indicated a typhoid affection. The loss of strength was especially remarkable.

Complete abstinence was ordered and continued from the 14th to the 30th of October, a period of sixteen days, after which two tea-spoonsful of beef-tea having been given to the patient and found to disagree with her, I was obliged again to prohibit food, and merely to allow some very weak barley-water. On the 5th of November, the patient being again much better, I again ordered a little broth, which was continued and gradually increased. On the 12th she took arrow-root and milk, and by degrees she was allowed to resume her usual food. Her health was perfectly restored. During the beginning of the treatment she did not lose much flesh, but she became thin towards the subsidence of the disorder. Immediately, however, on the resumption of food, she began to recover her flesh and strength.*

CASE 7.

S —, a single woman, aged 32, was admitted the 9th of October, 1843, as an in-patient at the London Homœopathic Institution, Hanover Square. She had for a long period been subject to severe attacks of illness, accompanied by vomiting and spitting of blood. She had suffered also from pleurisy and dropsy, and had sometimes been regarded as consumptive. At the date above-mentioned, her symptoms were very severe and had been gradually increasing for three weeks. She had restricted herself to eggs, arrow-root, and a little bread, but finding that even these disagreed with her, she had taken less from day

* This case with all its details has been published in the "Annals of the London Homœopathic Medical Institution."

to day, and sometimes had abstained from food altogether. She was not aware of any tendency to disease in her family, and attributed the attack to cold. She was thin and very weak ; and her voice, which had quite changed, was nearly gone ; the pulse was frequent and very weak.

She complained of head-ache, thirst, and loss of appetite ; cramp-like pain, or burning, or sensation of a sore at the epigastrium, extending to the left hypochondrium ; cramps in the abdomen ; and costiveness. There was frequent and fitful cough attended with vomiting, the expectoration being, frequently, purulent and bloody. She also vomited muco-purulent and bloody phlegm. The skin was sometimes burning hot, sometimes as cold as ice, and occasionally clammy. There was generally a hectic flush.

The right side of the chest, especially under the axilla, was dull on percussion. Her weakness was so complete and the voice was so entirely gone, that it was impossible to obtain any sign by causing her to speak. There was frequent pain in the chest, chiefly on the right side, with stitches that prevented breathing.

These serious symptoms appeared to become more alarming every day ; so that at last she could eat nothing, as everything she took was followed by vomiting and severe paroxysms of coughing. I tried a little sugar and water, for which she had a longing, and which seemed for some time to agree with her. In about a fortnight, however, even this was rejected, and plain water was the only thing she could take. In this state she remained for another fortnight, so that, in fact, she was *upwards of twenty-eight days* without any food whatever ; an abstinence to which she adapted herself without complaint, since every attempt to take food was followed by the most intense suffering. After this prolonged fast and the administration of suitable remedies, the patient gradually recovered. At first she could bear a teaspoonful of milk in some water ; then a spoonful or two of arrow-root, and at times a teaspoonful of beef-tea. She was under treatment several months before her digestive powers were perfectly restored, but she is now stout and fresh looking. She was

in the Institution seven months, during three of which she was not expected to live, and she frequently took leave of her friends. The patient was sent to the Institution by the lady of one of the Ambassadors.

This is not the place to relate the details of the treatment ; but it may be mentioned that *arsenicum*, *sulphur*, *phosphorus*, *bryonia*, *aconite*, *pulsatilla*, *nux vomica*, and *sepia*, were the remedies chiefly employed. Sometimes the 3rd dilution was prescribed, at others the 12th and 30th.

It should be added, that the patient had previously been treated allopathically ; but that, becoming rapidly worse, she was regarded as incurable, and was sent as a last resource to the Homœopathic Institution.

CASE 8.

MR. T——. This patient came to me a few months ago. Having felt himself very unwell for three days, and being unable to assign a cause, he considered it to result from cold. The frequency of his pulse, however, together with the expression of his face which was pallid and drawn, the pointed, red, and furred condition of the tongue ; and a pain which he experienced across the back, accompanied by shiverings, convinced me that he was about to become seriously ill, and that these symptoms in a man previously healthy, resulted from some other cause than a simple cold. I prescribed *pulsatilla* and advised him to remain at home, not to eat anything during the day, and to let me hear from him the next morning or the day after. I then found him with a violent fever, considerable thirst, and no appetite. The face was flushed and presented some red marks, as also the neck and hands ; the other symptoms continued, and he complained of being seriously ill.

I gave him *aconite*, a drop in four tea-spoonsful of water, a tea-spoonful every four hours. I prohibited food of all kinds, and allowed nothing but toast and water or pure water for beverage.

The following day the same state continued, the skin being

more and more spotted, and the marks being more elevated ; and *aconite* was still ordered, alternated with *belladonna* in like proportion.

The next day the eruption was much more developed and perfectly characteristic of small pox. The same treatment was continued for two days more, when the pustules were perfectly filled up with matter. I then gave alternately, *mercurius*, *belladonna*, and *aconitum* once or twice in the twenty-four hours, on account of the febrile re-action. For several days the patient continued very ill ; and, although he always knew me, he was for the most part in a sort of dreamy state. On one occasion, his nurse having quitted him for a moment, he left his bed and went to the upper part of the house. He was agitated and sleepless, and, very frequently, delirious.

His appearance was perfectly appalling. His head swelled to an enormous size, and completely black, as also were the hands and the rest of the body. It would have been scarcely possible at any part to have placed a pin's head between the pustules. The treatment was concluded with *sulphur*.

During the whole course of the disorder, he took merely plain water (or very rarely toast and water) of the temperature of the room, and *he remained about a fortnight without any food whatever.*

With convalescence, appetite returned, and the fever having subsided, I allowed him some broth, daily increasing the nutriment until in a little while he was able to eat as usual. He rapidly recovered both strength and flesh.

CASE 9.

P——, a butler was affected with a severe cold, and considered himself labouring under an attack of violent rheumatism. He complained especially of excruciating pain in the head and back ; the tongue was pointed and red ; he was very thirsty and had no appetite. There were constant shiverings, the pulse was very rapid, and he was so weak that he could scarcely move about.

I ordered him to remain in bed, and prescribed *bryonia* $\frac{2}{12}$. The two following days, he continued without improvement ; the fever increased, the skin became very hot, and the pulse strong and frequent.

Under these circumstances I gave him *aconitum*, one drop of the third dilution in four tea-spoonsful of water, a tea-spoonful every four hours. The next day I perceived red spots on the face, chest, and arms, and it was evident that he was affected with small-pox.

He had taken no food for the last three days. I ordered him to adhere to this abstinence, and to take nothing but water, or toast and water. A drop of *belladonna*, in four tea-spoonsful of water, was to be taken alternately with the *aconitum*.

The eruption came gradually out, and the pustules filled themselves up with matter. Meanwhile the throat became inflamed and painful ; the thirst continued ; sleeplessness and a total absence of appetite ensued ; the pulse was frequent, and the skin hot and greatly irritated.

The *belladonna* was continued for one day longer ; and then, the pustules being filled up with matter, a drop of *mercurius* was ordered in four tea-spoonsful of water, one spoonful every four hours, under the action of which, the fever having gradually subsided, the pustules became rapidly dry.

Sulphur, a drop of the 5th, in five tea-spoonsful of water, a spoonful every five hours, was then prescribed. The thirst gave way, the appetite re-appeared, and a return to food was then commenced. In a very few days, he was able to go about, and he quickly recovered his strength. He had lost flesh, but not a great deal ; indeed, when he got up, he was only weak in the legs and a little in the arms. *He had been thirteen days without food of any kind ;* merely taking pure cold water, or toast and water.

CASE 10.

Mrs. S——. This patient had several times suffered from cerebral congestion and epileptic attacks ; and before placing

herself under my care, had been treated by various means, but especially by copious bleeding. She was also subject to a cough, accompanied by muco-purulent and bloody expectoration. She never felt any appetite, and sometimes remained for weeks together scarcely taking anything. She had, moreover, been attacked several times with delirium, especially after suffering from congestion of the head. The left side of the chest was dull on percussion, and the vesicular murmur but slightly audible.

While under my care, she recovered very nearly from all her ailments, and for a time appeared very well. She was stouter and stronger, and had a pretty good appetite.

About six months ago, however, she was seized with a violent fever and cough, which she attributed to cold. There was nearly constant perspiration and loss of appetite, which had been preceded by vomiting. I recommended abstinence and gave *aconitum*. The monthly period then came on, and I ceased the medicine for a day or two, during which time she continued much in the same state, with constant perspirations, violent thirst, and total absence of appetite. After this, she sent for me, as she had been attacked with abundant hæmorrhage from the bowels. On my arrival I found she had passed, at least two pounds of dark and perfectly pure blood. There was frequent fainting, but the pulse at other times still continued too strong and too rapid. I renewed the *aconitum*, a drop in four tea-spoonsful of water, a spoonful every three hours, enjoining at the same time the strictest abstinence, pure water of the temperature of the room being the only thing allowed. The violent hæmorrhage continued, and, during the day, she passed more blood than in the first instance.

I then gave *belladonna*, since, notwithstanding the copious hæmorrhage, the brain was congested, and the pulse, though somewhat lowered, was still too strong.

The hæmorrhage did not cease under the *belladonna*, but the cerebral congestion was diminished. I then had recourse to *lachesis*, one drop of the 6th dilution, in five tea-spoonsful of water, a dose every three hours. The hæmorrhage gradually subsided,

the faintness became less marked and frequent, and by the next day the bleeding had almost entirely ceased.

The appetite, however, did not return, and the cough being violent, and accompanied with severe pain and rattling in the chest, with thick and sanguineous expectoration, and absence of murmur in the left side, I gave *bryonia*, one drop of the third dilution in four doses, a dose every four hours. The same treatment was continued for two days, nothing but toast and water being allowed.

After this I had recourse to *phosphorus*. The cough diminished and the expectoration of blood ceased. *Sulphur* was next given, and the treatment was concluded with *pulsatilla* and *sepia*.

In this case abstinence of the strictest kind was persevered in, *for more than a fortnight*. The recovery of the patient was complete; her appetite returned; she quickly gained flesh, and was soon able to move about the house, and finally to go out. She now enjoys better health than she has known for many years.

These cases might be multiplied, but I believe that, coupled with the authorities already quoted, they will be found sufficient to enable the public to judge of the degree of weight which should be attached to the opinion of Mr. Wakley and the Jury, in the case of Mr. Cordwell. I cannot forbear, however, to bring forward one more illustration which is somewhat remarkable as having occurred since the Inquest, the patient being the wife of a gentleman who was present during the whole proceedings, and who heard the verdict of the Jury.

CASE 11.

Mrs. W——. This patient was of a sanguine temperament and good constitution. At the end of last March, she began to feel serious indisposition without being able to trace any cause for it.

She gradually grew worse ; and had much fever and pain in the limbs, and, especially, in the back. One of her children had just recovered from a mitigated form of the small-pox, and I therefore surmised that she was about to experience the same disorder. At my first visit I found her in bed ; the pulse rapid, full and strong ; the skin hot, and the tongue white and furred. There were great thirst, no appetite, severe head-ache, and prostration of strength. The face, the neck, and the hands showed numerous red spots running one into the other, very much as in the first state of measles ; but as some were already raised above the skin, and as the peculiar cough and ophthalmia of measles were not present I felt confirmed in my idea, that she was affected with small-pox.

I prescribed *aconitum*, one drop of the third dilution in water, a fourth-part every four hours. The next day the symptoms had increased, and the spots were marked and raised above the surface. *Aconitum* was continued and I gave besides, *belladonna* in the same manner, alternating these medicines every three hours. At the same time nothing was allowed but pure water, or toast and water, according to the inclination of the patient.

The eruption continued to increase, and assumed at last the character of confluent small-pox, of the most serious form. The head was much swollen and the eyes closed. The fever was active, and the patient though rational when spoken to, frequently wandered in her mind and talked incoherently. *Aconite* and *belladonna* were continued, but at this period the 1st dilution of *belladonna* was selected instead of the third.

In a few days the pustules acquired their full developement, the face was then one mass of corruption and a most offensive odour was emitted from the patient. There was constant thirst ; the tongue was reddish at the tip, and too dry, and the skin was also a little too hot. The pulse, however, began to lose its frequency, and the delirium also subsided.

Mercurius was then ordered, alternately with *belladonna*, at intervals of three hours. The same treatment was continued several days, and gradually all the symptoms disappeared, and the pustules dried up. *After thirteen days of complete abstinence,*

barley water was ordered. The next day two table spoonsful of mutton broth were given every two hours, and the day after the quantity was gradually increased. A little toasted bread in beef-tea, milk and water, &c., were next allowed and the patient soon returned to her usual diet. She had lost a good deal of flesh, but at the period of convalescence was not weak, although the abstinence had been so complete and the disorder so severe.

From what has been now laid before them the public will be able to trace the strict propriety of the treatment which I adopted in Mr. Cordwell's case. They will perceive that the post-mortem examination confirmed, to the minutest point, my original diagnosis, and that the withholding of food was not only in conformity with the highest authorities, but also with my own abundant experience in similar cases. At the same time I may assert that no practitioner, with the exception perhaps of Mr. Wakley, will venture to insinuate that the hæmorrhage in this case was produced by abstinence, because such an effect would be totally against all experience. It is well known that towards the subsidence of fever accidents of that kind are especially to be dreaded, and that what chiefly renders caution so essential in returning to food and to the general exercise of the ordinary functions is the danger of producing them. The necessity of avoiding every source of general excitement at that time is particularly insisted on by all medical writers, because just before the period of convalescence the whole powers of the

system are at their lowest point, and the various tissues of the parts principally affected are liable to give way under the slightest increased action. Hence it is that these authors most strenuously enforce the removal of all disturbing causes, and urge in a way which shows their sense of its critical importance, the most guarded course even as to the slightest movements. That a hæmorrhage in a person so especially liable to that accident as was Mr. Cordwell, would prove at this stage almost an inevitable result of a fit of "passion" will be readily understood ; and there is every reason to suppose that the irritation to which he was exposed may have been considerable, when we look at the disturbing influences by which he was surrounded. That the presence of undigested food would have rendered the system better able to bear up against this irritation will hardly be asserted.

That the appetite had not returned up to the period of the hæmorrhage was abundantly shown, and in addition to other proofs the fact that the patient was thoroughly satisfied with my attendance may be held as conclusive. No starving man looks with a contented eye upon the person under whose orders the starvation is enforced ; and although the expression "does it not relish ?" when a spoonful or two of beef tea was given to him, may seem to show that food was needed, the fact that the patient "threw it all up again" will afford conclusive evidence that the relish was the relish of *taste* and not of natural appetite. Mr. Wakley manifested some facetiousness when the nurse said she

had been ordered only to give "one spoonful," and he has since, I understand, introduced the anecdote into the peculiar gossip in which, when presiding at Inquests, he is prone to indulge. But, considering that the suffering patient brought that tea-spoonful up again, the caution which I exercised appears to me to have shown a most correct appreciation of the patient's state. The effort of rejecting one or two tea-spoonsful must certainly have been lighter than that of rejecting "half a cupful," while at the same time we have the advantage of knowing, that the administration of the lesser quantity did not preclude its being increased in case it should have been found to agree.

It may also be mentioned that although Dr. Roots, Mr. Headland, and Dr. Hancock,* in their evidence respectively, laid stress upon such facts as "the abdomen being very much flattened" and "the body of the deceased being so emaciated that the muscles could be seen through the skin," it is quite evident from the treatment they adopted immediately on being called in, that, although aware of the abstinence which had taken place, they did not concur with Mr. Wakley in regarding it as a case of starvation, since no medical man in such circumstances would suddenly order "arrow-root, chicken broth, and beef-tea" in half cupsful at a time.

There are further a few points upon which it will be necessary for me to touch, and I believe I may then safely leave the case to the judgment of the public.

* See Appendix.—Post-mortem examination, p. 61.

With regard to the condition of the patient at the time of my dismissal, I would observe that although his state was one to excite considerable apprehension, it certainly did not appear to me to warrant any feeling approaching to despair. The hæmorrhage, which in itself was not necessarily a fatal indication, had subsided, together with the alarming faintness ; and as the symptoms from the time of the attack had thus far improved, there was the best possible ground for hoping that it might be entirely subdued, because every step gained increased the ratio in which progress might be anticipated. The remark of Dr. Roots, that “there never was the slightest hope of his recovery” must I think not be taken literally ; because, although the patient was probably worse at the time when Dr. Roots and Mr. Headland were called in than when I left him, owing to the exciting circumstances to which he was exposed, while in a condition requiring the strictest quiet,* it is hardly likely that Dr. Roots and Mr. Headland, observing that the patient was perfectly clear in his mind and that he was vexed at their being called in, would have persisted in attending him with the certainty of giving him annoyance and without the “slightest hope” of doing him any good. Under such circumstances their natural course would have been to point out that, as the patient was troubled by their presence and evidently

* “He was too weak to speak, but he could hear the slightest whisper in the room. Dr. Curie had ordered that no person should see him. *I went up stairs notwithstanding, and persons frequently went in and out of the room while I was there. I never saw any one excluded.*”
—Evidence of Miss Sharpe—reported in the “Morning Post.”

preferred Dr. Curie, it would be desirable not to disturb his death-bed by persisting in their attendance ; while at the same time it would be more just to themselves, that Dr. Curie, who had attended the case thus far and was well acquainted with its history, while they were ignorant of it, should now take the responsibility of attending it to its close.

Under any circumstances, moreover, it is important to bear in mind that Dr. Roots, in stating that "there was no hope whatever" could only intend to convey that there was no hope from the administration of any remedies with which *he* was cognizant. Some centuries back, a physician, unacquainted with the action of Mercury in cases of syphilitic disorder, might have stated conscientiously in a severe case of that description, that "there was no hope whatever," and this because he had never treated such cases as they are now universally treated, Homœopathically, that is to say, by the use of Mercury. In like manner it was once customary for physicians to express a belief that it was impossible to prevent the spread of the small-pox—because here they were also ignorant that, by the use of Homœopathic means, namely, Vaccination, the object might be effected. With these examples before them, of course neither Dr. Roots nor Mr. Headland would venture to state it to be impossible that means might exist with which they were unacquainted, for restoring Mr. Cordwell, and that these means, if tried, might not improbably prove to be Homœopathic.

Having thus shown that it cannot fairly be inferred

that the case was hopeless when I left it, or when Dr. Roots and Mr. Headland were called in,—I have next to remark that even apart from the proof which I have given, from every fact of the case, of the strict accuracy of the treatment which I pursued, the verdict of the Jury could still only be regarded as proceeding from minds blinded by prejudice to the commonest rules of reason. That I gave constant attention to the case, that I could have had no object but to preserve the life of my patient, and that nothing but a conscientious feeling could have induced me to adopt a line of treatment which not only rendered me unpopular to Mr. Cordwell's friends, but even brought upon me the reproaches of the Nurse (who anticipated Mr. Wakley by telling me that "it was too bad to give a sick man nothing but water") must have been perfectly obvious; and, therefore, even if the treatment could have been shown to have been of the most mistaken kind, there could have been nothing to justify any expression of "indignation and disgust." If, when I had found that starvation was broadly objected to not only by those who in their view on such a point may be supposed to present a fair type of the state of public opinion, but even by professed nurses, I had lost no time in making a declaration that I was ready to give food whether I had reason to believe that my patient could digest it or not, I might then perhaps have been a fair mark for an unequivocal expression of rage; because I should then have shown that rather than run any risk of damaging my practice or of giving my more yielding

colleagues an advantage over me, I was ready to sacrifice the established rules of art and to pander to the prejudices of the hour.

Although, however, the verdict of the Jury was thus, obviously, reckless and unjust, I feel that it was the result of ignorance (and I use this word not offensively, but merely as regards their fitness to dogmatize in medical cases), and that it was not in the slightest degree based on any feeling of personal malignity. Their prejudice against abstinence in the abstract was a very natural one, and in the absence either of ability or of willingness on the part of the Coroner to correct that prejudice, it was equally natural that it should find expression. But as regards Mr. Wakley, the case is very different. It will be observed from the report of the *Morning Post*, that at the conclusion of the examination of the witnesses, Dr. Epps kindly suggested that I might be desirous of explaining to the Jury the reasons by which my treatment had been dictated ; that Mr. Wakley said in reply, that no charge had been made against me, and that he advised me therefore to say nothing ; and that I then contented myself by observing that *as no charge had been made*, I was, of course, perfectly satisfied. It will be seen that after this the Jury came to their verdict with its condemnatory addition, and actually sent forth to the world their expression of indignation and disgust, towards a person *against whom no charge had been made*, and who in their presence had actually been led by the Judge on that

account to believe, that all explanation or justification on his part was wholly unnecessary ; and finally, that that very Judge joined, “ with considerable emphasis,” in the intemperate denunciation. Mr. Wakley, therefore, may be held to have reasoned thus :—

“ There is no charge openly made against Dr. Curie, but the evidence, to my mind, is such as to create, if it be left without remark, a strong feeling of indignation and disgust, and which, I presume, will be shared by the Jury. For reasons best known to myself, I desire that no attempt should be made to remove this impression, and although it is my duty both as a Judge and as a man, to advise Dr. Curie to act as I would act myself if I knew such a feeling to exist against me, namely, at once to offer a justification of my conduct, I will lead him to believe that we are perfectly satisfied, and that under such circumstances it would look as if he himself had misgivings, if he were to enter into any remarks. All danger of explanation removed, I can then make my assault, and when Dr. Curie discovers the trap that has been laid, and attempts either by himself or his friend to protest against it, I can put him down by the authority of my office, and declare the Court to be closed.”

When in addition to this it is considered that the inquest was called upon anonymous communications; that it is unprecedented to hold inquests upon the bodies of persons dying of protracted disease under the regular attendance of qualified practitioners ; and

that the present case was such, that Dr. Roots and Mr. Headland took upon themselves to order a *post-mortem* examination, 'having no idea that an inquest would be held;' it is impossible not to recognize the extent to which the office of Coroner, when held by professional persons, may be made use of to assail a rival practitioner, and the danger which exists of the practice becoming common, if it be not at once met and exposed. In the present case, as I have shown, the verdict had nothing to do with homœopathy, because the medical treatment of the deceased was not called in question; but as Mr. Wakley knew me to be a homœopathic practitioner, and as the *Lancet*, of which he is Editor, is irretrievably committed in opposition to that system, it is not difficult to see that a temptation was presented to him, or unfair to infer that this temptation proved too powerful for him to resist.

In conclusion, I would remind the public, as an homœopathic practitioner, that the dispute which now divides the medical world into Homœopathists and Allopathists, is hardly likely to be settled with advantage to the cause of truth, by referring it to the decision of either of the parties interested; and that although it may be in the power of a partisan Coroner to damage those of the opposite practice by summoning inquests, not merely on all who die under their hands, but on all who after being under their hands may die under the treatment of their opponents, the real question at issue must remain to be decided by fairer

means,—namely, by a comparison of the mortality occurring in an equal number of cases of any given disorder under the homœopathic and the allopathic treatment. The value of the dietetic doctrines of Mr. Wakley, in contradiction to my own and to those of the authorities whom I have quoted, may be tested by simpler means. If those who are called to watch by the bed-side of persons suffering from inflammatory disorders, will observe the effects that usually follow the administration of food in the absence of appetite, and before the period of decided convalescence, and will communicate these observations to their friends, and, as far as practicable, to the public, all doubt upon the question will speedily be removed. For my own part I believe that, amidst all the consequences of injudicious treatment, there are none more fatal than those which arise from this cause ; and, entertaining that belief and recognizing that no earthly authority can absolve me from my responsibility, faithfully to act up to it, my course will be calmly to meet all the opposition it may occasion, and to trust to time for my justification.

APPENDIX.

A.

DIET, AS INDICATED BY NATURE.

At this as at all other points of the case, the indications of nature were strictly followed ; the fever was nearly gone, the perspiration had diminished, and the thirst was less urgent,—all indicating a return of the general powers, and affording signs to a pathologist of an approaching convalescence from an acute state.

At this stage, therefore, in accordance with the recognized view of following the demands of nature, I ordered toast and water, which would afford at once some nutriment ; and which, as soon as it should be found to agree perfectly, might be followed by something more nutritive, until by gradual process the usual diet should be arrived at.

Experience has shown me in an immense number of instances that even *toast and water* given too soon in dangerous cases, interferes with the proper curative action of the organism, as it unduly forces the stomach to an effort to digest,—nature being actively engaged in throwing off the morbid cause of the disease, cannot accomplish digestion properly, and must not be disturbed in her process.

The danger of administering food during the course of an acute fever or inflammation is easily proved by experience and by reason. With regard to experience, it is only necessary to refer

to those in the habit of seeing such patients, who must have observed that the disorder has become worse after eating, and that frequently cases which at first appeared of little consequence become most dangerous, nay fatal, after food has been administered. Those who escape are endowed with a powerful vitality which resists both the food and the disease.

With regard to reason, it will not be difficult to show how erroneous in these cases the administration of food must be. The stomach does not demand food, but merely cooling beverages; the patient feels sick, vomits; what then is the use of food? the vital principle has an important duty to perform, namely, to oppose itself to the morbid cause; and while this is going on the digestive process is suspended along with the muscular power. We should not ask a man affected with fever or inflammation to walk, and we know that it might destroy him if he were to attempt it, nor can we with more propriety ask him to make an effort of digestion; one function is suspended just as much as the other, and each attempt to arouse it can only be followed by consequences the most serious.

B.

CAUSE OF THE HÆMORRHAGE.

THE mucous membrane of the intestinal tube was in a state of permanent congestion. An inevitable result of passion is to bring on a violent disturbance in the circulating system; and the blood rushing with violence to the organs already congested, a number of small vessels gave way, and the hæmorrhage took place.

The blood had a bad composition, was dark and offensive, affording a confirmation of my former view of the case, namely, that by the constant application of cold water to the surface of the body the function of the skin had been interrupted, and a congested state of the internal organs produced, against which the system was unable to re-act.

The quantity of blood, though great, did not exceed one or two pounds, therefore I concluded if the hæmorrhage should cease, the patient, though in danger, would most likely not be much worse than before its occurrence. The only reason for the crisis being considered a dangerous one was to be found in the natural delicacy of the patient's organization, and not in the loss of blood itself, since frequently, as every practitioner can testify, evacuations of three or four times the quantity are followed by perfect recovery.

Until I became acquainted with the circumstance of the moral excitement of the patient I could not understand how the hæmorrhage had taken place, all the symptoms on the previous days having gradually subsided. That the inflammation of the intestines might terminate in such a manner could easily be conceived, but the violence of it was far beyond anything indicated by the state of the patient when I left him. After being informed, however, of the exciting cause, knowing also the great nervous irritability of the patient, and his predisposition to hæmorrhage, I was no longer at a loss to understand the mechanism of this last phenomenon. Nature all along the course of the disease endeavoured to expel from the organism the morbid cause, either by the skin by profuse perspiration, by thick urine, or by the secretion of the mucous membrane of the stomach, and the great activity of the Peyer and Brunner glands.

C.

POST-MORTEM EXAMINATION.

To Dr. Hancock's statement of the post-mortem examination, some remarks should be added, and these I feel entitled to supply; because, the first examination was a very superficial one, and at the second, (at which, owing to a claim I had put forward, I was present,) some of the most important organs (such as the lungs) were omitted to be carefully examined, and the existence of tubercles was consequently not discovered until I pointed them

out. Some of the tubercles were at the second stage, though many were only in the miliary state. The divisions of the bronchia were injected at several points, and the tissue of the lungs, at the upper part, where the tubercles at the second stage existed, was evidently inflamed and soft, exhibiting also, when pressed between the fingers, a muco-purulent serosity. In my estimation, though the stomach was not the part mostly affected, the signs of inflammation were perfectly marked all over the mucous membrane, and particularly in the large portion.

Most of the small intestines were much injected, only in some places the colour was not greatly changed. The ileum especially was much inflamed. Of the glands of Peyer and Brunner, many were enlarged and inflamed, and some were in a state approaching ulceration. That these alterations are characteristic of the fever, is now admitted by all authors acquainted with modern researches.

The skin was very delicate and thin naturally, and was not rendered so merely by disease. The muscles were of a pretty firm consistence and of good colour. During his life, the patient had no fat about him, and therefore, it is not surprising, that at the post-mortem examination no fat was found; the abdomen also had been, since I had known him, in a retracted or flat state, and it was only during a day or two of his illness that it had a tendency to become a little distended.

The history of the case will show the dangerous nature of Mr. Cordwell's symptoms when he came to consult me in October last, and indeed for a long time before. My diagnosis was, that his disease consisted of tubercles at the upper part of the lungs; that there was a slight affection of the stomach, and a chronic follicular enteritis. The prognosis was all along serious, and the invasion of the acute attack was a direct consequence of the hygienic condition in which he had been placed, namely, the cold applications and the severe state of the atmosphere, especially labouring as he was under a tubercular diathesis.

The post-mortem examination showed the correctness of my diagnosis, not only of the chronic state of the patient, (tubercles

in the lungs, chronic inflammation of the cæcum,) but also of the real nature of the acute attack. The Peyerian and Brunnerian glands had taken the development and appearance described by all anatomo-pathologists as signs of the Dothinenteric affection connected with typhus fever.

The state of the blood, which was dark and offensive, was another proof of the accuracy of my diagnosis. In typhoid affection we seldom meet a case without more or less serious alteration in the blood, a fact which has been proved by the recent chemical researches of Dr. Andral, Gavaret, Magendie, &c.

All along, my treatment was based on the idea that I had originally formed of the disease, and this being fully confirmed by the progress and the modification of the symptoms, I did not experience at any part of its course a moment of hesitation as to the measures to be pursued.

When the hæmorrhage took place, though it was an unexpected phenomenon, my views were not altered. I considered it not as a fatal sign, but as a very serious one.

The treatment by which it was met could not have been more successful. In a very few hours the hæmorrhage had so far ceased, that no immediate alarm could be any longer entertained; and my opinion upon the case on Sunday morning was, that the loss of corrupted blood would not prove fatal, if from that time it should not violently recur; but of course, I felt it impossible to be altogether certain of the recovery of a patient affected in so serious a manner, after so many years of suffering, and with Mr. Cordwell's constitutional predisposition.

D.

THE BLOOMSBURY COLLEGE.

(*From the Spectator.*)

THERE is nothing more provoking than, after having put ourselves into a passion for a friend, to see him all at once shake

hands with his opponent, leaving us without explanation, to get cool as we may. Within the last three or four months John Bull has been urged by his medical advisers to manifest alarm at Sir James Graham's Bill; and, with his usual deference for professional men, he has accordingly worked himself into a considerable flurry. Visions of unqualified practitioners forcing themselves into his house, and, with a ferocity unknown even to highwaymen, remorselessly taking both his money and his life, have haunted him ever since: he has seen that any one may do him a mischief—that if he fall sick, even his very servants may blister him at their pleasure—that his gardener may physic him for the gravel, and his butler breathe a vein with as much impunity as if the precious stream were nothing more than the customary claret; and that for all this he is to have no other consolation than the knowledge that if his tormentors sue him for a fee, the law will put them into the same category with their patient, and not allow them to “recover.”

And now he finds that all this emotion has been thrown away. Mr. Wakley who was foremost in stirring up the panic, has suddenly fraternized with the objects of his denunciations, leaving his excited partisan to burst in ignorance of the cause. At an inquest held a few days back on a Mr. Cordwell, it was found “that the deceased died from exhaustion, caused by loss of blood from his intestinal canal, produced by natural disease.” This verdict was in strict accordance with the medical testimony, which “could not attribute the hæmorrhage to any particular cause.” But although the medical men were unable to see their way, the jurors were more enlightened. It appeared that the deceased had been kept for a period of ten days forbidden all sustenance but water and toast-and-water,—a discipline the contemplation of which, after a four-hours' sitting, seemed to the twelve tradesmen of Bloomsbury sublimely horrible. To mark this sense of horror, and to protect humanity from such treatment, something therefore was to be done. It is true that, on the second day of his fast, the patient had said that he did not think food would stay on his stomach if he took it; and that when a single spoonful of beef-tea

was, near the close of the period, given to him, he "threw it all up again:" we knew also, that it is not without precedent in inflammatory cases for a patient to remain thus long without food, and in fact much longer, yet ultimately recover; and also, that starvation is not exactly calculated to produce hæmorrhage. And probably the Jury knew all this too: but with juries, just now, excited against the Poor-law, starvation in any shape is decidedly unpopular, and something therefore must be done to put it down. No doubt, Dr. Curie, by whom the abstinence was ordered, thought he had reasons for prescribing it, and was not anxious to lose his patient; perhaps he could have explained those reasons if he had been called upon to do so: but this would have accumulated horror on horror's head. To hear a man deliberately proclaim the cold rules of science in justification of a ten-days' fast, would have been too much for flesh and blood; so that misery was avoided, and the jury passed to the more pleasing task of listening to what had been done by his successors. On the tenth day, two other practitioners were called in—men who had bowels; and the list of the "things" they tried upon the patient was enough to warm a juryman's heart. To the man who not long before had rejected a spoonful, half a cup of beef-tea was now administered, and arrow-root, and champagne, and chicken-broth, and brandy—"one thing after another, to see what his stomach would retain." "Them's the practitioners for me!" must have been the mental ejaculation of every one who heard them; and the bright detail sealed at once Dr. Curie's condemnation. It is true that, "after all the deceased became worse—his stomach not appearing to be able to retain any food"; and that, after three days of the generous diet, the unfortunate patient *died*: but that perhaps was owing to the previous starvation. If food had been given him at an early stage—at the time when he thought it wouldn't stay on his stomach, or a day or two before he rejected the *spoonful* of beef-tea—it would have nourished him no doubt: and so the Jury unanimously resolved, that they "could not refrain from expressing the strongest feelings of indignation and disgust at hearing it proved, that the

afflicted gentleman had been cruelly exposed to a system of starvation, he having during at least ten days been allowed nothing but plain (?) cold water, by the express direction of his medical attendant."

Now, this medical attendant, it appears, is a qualified practitioner, from the University of Paris—perhaps the first school of medicine in the world ; and has enjoyed for several years a high repute in London. But then, what can a Frenchman know of the proper times for administering food to Englishmen ? The bakers and publicans and grocers of London, in solemn inquest assembled, are the men to read him a lesson on dietetic rules ; and not only on these points, but even on medicine too, for they are practical people, acquainted with drugs and knowing what can be done with them.

And Mr. Wakley, so long the opponent of all "unqualified" persons, suddenly exalts them before the public, and, with "considerable emphasis," cordially agrees in the propriety of their passing judgment on the qualified practitioner. Even the inquest itself seems to have been got up to give him a public opportunity of deserting the cause he had so long advocated ; for it is unusual to put the county to the charge of holding inquests on those who have died of protracted illness and under the attendance of three physicians. Be this as it may, the results will be serious ; since they will establish a rule in medical practice, that however critical may be the nature of the complaint, the practitioner, if he would escape "indignation and disgust," must allow food to his patient—unless, indeed, he can procure authority by invoking Mr. Wakley's Council of Health, at the Blue Boar, Great Russell Street, St. Giles's.

This article was copied into other journals, and in one instance was accompanied by the following remarks :—

"The above case should caution the public against attaching undue weight to the verdicts of Coroners' Juries. *Trial by Jury* is undoubtedly worthy of the admiration in which it is held—

but Coroners have nothing to do with the trial of any question ; their function being merely to institute a preliminary inquiry—which must necessarily take place on *ex-parte* evidence. Even in criminal courts, where every precaution is taken for the full development of all the facts on both sides, and which are presided over by men against whom a charge of partiality would at once prove fatal, the most singular results are sometimes arrived at. On the York Circuit, for instance, only three weeks back, one John Stavenden was charged with firing at a Mrs. Stott, when, after half-an-hour's deliberation, "to the astonishment of nearly every one in court," the foreman declared, "we believe the prisoner fired the gun, but we nevertheless find him not guilty"—a mode of acquittal which quite takes the old verdict of "not guilty, but we advise him never to do it again," out of the region of romance. If then, under the most favourable circumstances, we sometimes find verdicts of this kind recorded, what may we not expect when juries take upon themselves to pass judgment from *ex-parte* evidence, on a case involving the nicest points of scientific discussion ? Of course it is greatly in the power of the Coroner to prevent them from falling into such absurdities as those which have been exposed by the *Spectator*—but it is not at all times possible for him to do so ; and if he happens to be of the Alderman Cute school, fond of notoriety and eager to purchase it by pandering to popular prejudices, he is hardly likely to make the attempt. In the present instance, however, the circumstance of the party attacked being a foreigner and a rival practitioner, might certainly have been expected to induce a decent assumption of courtesy and impartiality.

"Looking at all the facts of the case, we are wholly at a loss to understand the motives for calling the inquest at all. It is true that Dr. Curie is understood to recognize the homœopathic system of medicine, and that the *Lancet* has always been bitterly opposed to it—but then this circumstance would surely make Mr. Wakley, in his capacity as Coroner, more scrupulous in his conduct towards its disciples, since, in that capacity, he has nothing to do with the relative merits of conflicting systems, but

merely to ascertain, as far as possible, the qualifications and motives of any medical practitioner whose conduct may be impugned."

E.

"HOMŒOPATHY AND DR. CURIE."

ARTICLE FROM THE TIMES NEWSPAPER.—CORRECTION OF ITS MIS-
STATEMENTS FROM THE MORNING POST.

THE following article appeared in the *Times* a few days after the inquest on Mr. Cordwell. It would scarcely be possible to find a more striking illustration of the dense ignorance sometimes manifested by writers on homœopathy, of the real nature of the system. Immediately on the appearance of the article, an attempt was made by one of my friends to correct the several mis-statements thus promulgated, but no notice was taken of his letter. He addressed it afterwards to the Editor of the *Morning Post*, by whom it was promptly published.

I. ARTICLE FROM THE TIMES.

WE need scarcely remind many of our readers that the principle of the homœopathic system is to cure any given disease by aggravating it. For instance, a man is in a high fever: the allopathic doctors would give him cooling medicines, and try to lower his pulse; the homœopathic treatment *would point to the administration of brandy and cayenne*. This may look like a poor joke, BUT IT IS SOBER TRUTH; and the coroner's inquest a few days since on the body of Mr. Cordwell, affords an apposite illustration of the system. The unfortunate gentleman was treated homœopathically. The medical man who examined his body stated, that "it was so emaciated that the muscles could be seen through the skin." Starvation appeared to have been his chief complaint. The allopathic doctors, who were called in too late, ordered "brandy, champagne, arrowroot, chicken broth, in fact

everything that could be supposed to stimulate his stomach." The treatment to which he had been exposed was of the opposite kind. Dr. Curie had ordered him a powder for his physic, and cold spring water for his food ! Now, let us look at the bearing of this case on Sir James Graham's proposed medical reform.

Sir Astley Cooper, who could have taken a general and comprehensive view of the subject, and who, feeling that confidence which results from the consciousness of mental ability and of its successful exercise, was above being influenced by petty jealousies, stated in his examination before the committee of the House of Commons, appointed in 1834, for inquiring into the education and practice of the medical profession, that "the Apothecaries' Company had done infinite service to this country by getting their bill enacted," and that "he very much attributed to the Apothecaries' Act, which enforced examination, the great improvement which the general practitioner had undergone in the last eighteen or twenty years." Sir David Barry "believed that the examination established by the Company of Apothecaries is now (1834) by far the most comprehensive examination in London ; and that if it were not for that examination, the young men who are now rising would not be nearly so well educated as they are." Such was the state of things ten years before Sir James Graham took up the matter. We may well ask what could have induced him to have interfered with so happy a progress. We seek for it in the same evidence, and there we find that Sir Benjamin Brodie delivered himself to the following effect :—"I would not interfere with the right of individuals to employ whom they please. It is *very hard* that I may not employ a quack doctor if I am *foolish* enough to wish it !" Very hard, forsooth ! "Very hard," that a fool is not to have his full swing. "Very hard," that regulations, acknowledged by the highest authorities to have been of infinite service to the country, should be allowed to have the force of law, when there are fools who would be better pleased to be doctored by knaves. "Very hard" that a fool may not indulge in the peculiar pleasure of being robbed of his health as well as of his money by a

quack. Carry out this principle a little further, and we shall have Sir Peter Laurie in arms. Another step only, and we find it "very hard" that a man may not commit suicide if he is foolish enough to wish it. Why, the Crown with its charters, and the Legislature with their statutes, from the days of Henry VIII. to the present century, have been declaring this hardship to be most consonant with paternal government, and coroners' juries are not free from the same amiable weakness. The jury thought it "very hard" that poor Cordwell should have had nothing but cold water to cure starvation. *So did his nurse.* (!) She pressed him to take some nourishment. He refused, being determined to obey his doctor. On one occasion, he said that he "was quite contented with his medical treatment; for he remarked, that he never saw a fever *so wonderfully treated, and that he was going on all right.*"

Seeing, as Dr. Seymour admitted, that the great body of the medical practice in this country is in the hands of the general practitioners, and that mankind at large are weak enough to think that the better educated a doctor is, the greater is the chance for his patients of deriving some benefit from his attendance, we candidly confess that our notions on the hardship of the matter are strangely at variance with those which the Home Secretary has adopted. If, however, Sir Benjamin Brodie is right, by all means let the principle be carried out to its full extent. It is very hard, that men may not shorten their days by other modes than by taking the prescriptions of a quack. Away, then, with the Health of Towns Commission, and lose no time in repealing the Metropolitan Buildings Act. Why should not those who are foolish enough to do so, live in close cellars and breathe the sweet south over Puddle-dock? Why are men to be forced to pay rates against their will for sewers which are to do them a good they are foolish enough not to care for? Is it not very hard that men may not crowd the Greenwich steamers till they capsizes, if they are foolish enough to wish it? And why are fools prevented playing tricks on railways at the risk of their limbs?

How "very hard" it was in Sir B. Brodie to persecute poor St. John Long for indulging aristocratic patients, who were foolish enough to like to have large holes rubbed in their backs, and plastered with cabbage leaves, in their peculiar whims. How "very hard" on Dr. Curie that the coroner's jury should have recorded their "strongest feelings of disgust and indignation," when it was proved that Cordwell believed in him, but "had no opinion of the medical profession generally." Go where you will through the country, you find similar interferences with the right of private judgment in that class for whom Sir Benjamin pleads so earnestly. But, after all, he is not without his misgivings on the subject. The fool, who is just above the parish, is to have the widest scope for this species of self-indulgence; but, though it would be very hard to deprive him of his free agency, "public authorities," says Sir Benjamin, "should not be permitted to employ any one who has not a license. Such a regulation is *absolutely necessary* with respect to medical men of parishes." Indeed! How can this be? "If there be no restrictive law of that kind, in the country especially, the parishes"—mark, reader, this is Sir B. Brodie's testimony as to what was to be expected under the New Poor Law—"the parishes will be seeking, not the best, but the cheapest practitioner, and *the poor will be very ill attended.*" So, then, the principle of requiring some qualification is admitted even by this witness. Where a pauper is concerned, and the cheapest practitioner is to be forced upon him, he is to be excluded from the category of fools. But how if the force be applied indirectly? How if the cheapest practitioners, those who, having spent next to nothing on their education, can afford to undersell the qualified practitioners, should drive them, as in many parts of the country they inevitably would, out of the field, and so leave those who are not paupers nothing but Hobson's choice? If you are not to permit the pauper to be exposed to the malpractice of the ignorant practitioner, with what face can you, for the sake of not wounding the sensibilities of fools, expose to it the bulk of all classes in the community?

II. REPLY TO THE ABOVE FROM THE MORNING POST.

TO THE EDITOR OF THE MORNING POST.

SIR,—A leading article of the *Times* of Saturday last contained three distinct misstatements, one of them calculated to damage personal character. Under the belief that this must have arisen from error, and that an authenticated refutation would at once be admitted, I addressed the following letter to that journal, which, however, it has not seen fit to publish.

As it is important, not only to an individual, but to a large body of persons, that the refutation should appear, I must now, since I cannot obtain a place in the columns which contained the misstatement, endeavour, through your medium, to correct the impression they may have created.

I am, Sir,

Your obedient Servant,

M.

HOMŒOPATHY AND DR. CURIE.

TO THE EDITOR OF THE TIMES.

SIR,—In an article in the *Times* you refer to the late coroner's inquest on Mr. Cordwell, as illustrating the necessity of stringent legal provisions to prevent "quack doctors" from practising. I am not about to question your argument as to the propriety of such enactments, but merely to correct the view into which you have evidently been led by erroneous statements from others, that the said inquest can have any bearing whatever on the question of medical quackery. Dr. Curie, so far from being an "unqualified" and "ignorant" practitioner, as your remarks imply, is a qualified physician from the University of Paris—an institution held, I believe, in the very highest estimation by every member of the profession. In addition to this it is to be mentioned, that

he has filled with honour the post of Physician to the Military Hospital of Paris, and that he has for a long time enjoyed a large practice amongst the influential classes of this metropolis. It is true, I presume, that Dr. Curie, holding a foreign diploma, can only assume the title of M.D. in England by courtesy, just as Dr. Chambers or Dr. Roots, if settled in Paris, could have no legal claim to that professional distinction ; but, nevertheless, it would greatly surprise those members of our College of Physicians who are now practising in France, if the leading journal of Paris were, on that account, suddenly to designate them as “ignorant” and “unqualified” persons.

From these few words of justice to an individual I must now pass to beg justice for the views of a body. I am one of those who recognise the homœopathic law, “*similia similibus curantur*,” and I am therefore interested in correcting your assertion that the principle of our system is “to cure any given disease by aggravating it.” This is not our principle, and the only difference between ourselves and those who adopt the old system of medicine consists in this, namely, that we recognise as applicable to *every* case a practice which they recognise as applicable only to a certain number of cases. Thus, when a practitioner uses mercury in particular diseases of the bones, or rhubarb in cases of purging, ipecacuanha for vomiting, cold applications for frost bites, and warm applications for burns, vaccination as a preventive of the small-pox, &c., he acts upon the homœopathic principle ; and to this extent, therefore, every practitioner is a homœopathist, because in these cases the remedies adopted possess the power of exciting symptoms analogous to those under which the patient is suffering ; but, so far from aggravating, they cure the disease. It is true that the homœopathist gives medicine in very minute quantities ; but this is merely a question of practice—the amount of the dose having nothing to do with the *principle* on which that dose is administered. It is, however, not very unreasonable to suppose that a very small dose rightly chosen will prove infinitely more powerful than a very large one chosen in error.

I must also ask space for a few words to remove your evident impression that the regimen to which Mr. Cordwell was subjected had anything to do with homœopathy at all. Homœopathy is a question of medicine, and not of regimen. Some homœopathists attending the case would, I doubt not, have allowed food, and, I believe at the same time, that some of the old school, at least amongst French practitioners, would have coincided with Dr. Curie in withholding it. I am myself acquainted with several cases of inflammatory disorder where much longer abstinence has been enforced, which have terminated successfully, and which there is full cause to believe would have proved fatal if an opposite course had been adopted. The reasons for this appear to me to be obvious, but the question is one entirely for medical discussion.

One thing is certain, Dr. Curie could have no motive in taking the unpopular course of withholding food for so long a time but a desire to save his patient. Nourishing diet under such circumstances would have satisfied the minds of all parties, and the fact of his being a homœopathic practitioner did not preclude his ordering it. The recent verdict, therefore, is simply an attack upon a duly qualified medical practitioner for pursuing the only course, which, to his conscience, appeared the proper one.

I inclose my card, from which you will perceive that I am not likely on this question to have any other motive than that of promoting

TRUTH.

F.

DIETETIC RULES.

Letter of Dr. Curie to the Morning Post. Consequent Declaration of certain Homœopathic Practitioners, and Dr. Curie's Reply.

I.—DR. CURIE'S LETTER TO THE MORNING POST.

THE LATE INQUEST ON MR. CORDWELL.

SIR,—After having been accused of a fact from which I have been exonerated by the accusers themselves, I have been condemned for another without having had the power of defending myself. The only resource left to me is to make an appeal from a one-sided judgment, formed without any explanation having been previously sought, to the impartiality of the public, who, before deciding, will require to hear both the accusation and defence.

I hope, whatever your personal opinion may be, your liberality will permit me to make the following observations :

In all ages, the medical profession has been divided by conflicting opinions, and the violence of the struggle has been in proportion to the degree of importance of the new ideas sought to be promulgated. At such periods, those who have not been placed by nature above the old *routines* have shown themselves constantly unjust and passionate to such an extent as even to deny the most palpable facts. I am, therefore, not surprised at the struggle which the homœopathists have to encounter with the old ideas, nor at the passion and injustice shown by practitioners, who, although men of unquestionable abilities, will not admit any novelties of importance, even when the welfare of society depends on their reception. I am an homœopathist from conviction.

At the inquest which has just taken place, my qualification as a physician was duly ascertained ; and as, in addition to this, it was found that my medical treatment could not be called in question, it became necessary to find some other point on which an attack could be founded, and, if possible, so to conduct the charge as to leave me without the power of defence, or of entering into any explanation that might remove the false opinions thus sought to be created. My regimen has been judged and condemned. It is admitted, however, by many physicians, whether homœopathsists or not, that aliments are hurtful in different ways in a morbid condition of the system. The most common reason is, because they cannot be digested, or with much difficulty, or imperfectly. This happens even when the principal seat of the disease is not in the intestinal tube, and, of course, it is much more to be dreaded when the disorder has the stomach and intestines for its seat, and when those organs are seriously affected.

I shall not here detail the numerous effects of imperfect digestion, the inconveniences and dangers which are its consequences, but only remark that it prevents the aliment administered from producing the effect we aim at, since it is not what we eat that nourishes us, but what we digest.

Therefore the first among all the dietetic rules is the following :—Whatever may be apparently the want of aliment never give any if it cannot be digested, and in no case give more than the digestive organs can deal with. These organs, when diseased, become often much worse under the influence of food which produces irritation, and even when digestion is still possible, though difficult, the influence of the organic action required by it may spread much beyond the apparatus by which it is accomplished.

It suffices to consider the sort of febrile action which always attends digestion, even in the normal state, to understand that it cannot but increase the fever or inflammation if such conditions of the organism exist, or hasten their development if any predisposition should be present.

In the case of Mr. Cordwell all the symptoms indicated serious alterations in the intestines. The typhoid fever was at hand,

and the least irritation of the mucous membrane of the digestive organs could not but aggravate the state already so serious. The disease and food were both to be dreaded ; the aliments could not nourish him, as he was not able to digest them. The correctness of this opinion has only been too sadly demonstrated by the unfortunate trial made by our honourable medical brethren, who, having an opinion contrary to mine, tried various kinds of food—"first one thing, and then another"—which were vomited by the patient up to the time when the vitality, exhausted by the struggle against the aliments, was finally extinguished. The beef-tea, not being able to go through the stomach, was found in that organ at the *post-mortem* examination.

The regimen which has just been made a subject of attack does not rest on any crude idea. Its efficacy is not merely supported by theory or by a simple hypothesis. We can demonstrate its good results by the report of cases at our Homœopathic Hospital in London, where 2,753 patients have been treated, of which number only fifty-three have died, showing one death in 51-503 cases.

Very few hospitals in the world are able to set forth similar results, and these results will appear still more remarkable when it is remembered that homœopathy being still a new practice is very little known, and constantly misrepresented, and that patients consequently come to the institution where this mode of treatment is applied only as a last resource. Moreover, it is not only from my own personal practice that I can bring forward proofs, but also from that of Dr. Ozanne of Guernsey, of Dr. Hanson at Melton Mowbray, of Dr. Chepmell, resident physician of our hospital, and of all the homœopathic physicians who prescribe the same regimen.

Besides this, it is a curious fact that the propriety of our regimen has been so fully demonstrated, that since the homœopathic cures could not be any longer denied, a great many medical men, our opponents, have attributed them to that very regimen in order to deny the power of our medicines, while we now find that it is the regimen which is the basis of accusation. Our adversa-

ries ought to be more consistent if they wish to escape the appearance of partiality.

That the regimen is safe ; but that it is not the regimen but the medicines which cure will be shown by the fact, that there have been cured at the Homœopathic Hospital, in Hanover-square—38 cases of cerebral affections ; 48 epilepsy and paralysis ; 26 amaurosis, deafness, deafness and dumbness ; 5 cataract, fungus, fistula ; 57 scrofulous ophthalmia, 218 gastritis, enteritis, and both complaints combined ; 285 pneumonia, pleuritis, hydrothorax, bronchitis, &c. ; 36 hooping cough, 65 phthisis, 90 cutaneous diseases, scirrhus, cancerous affections, &c. ; 36 scrofulous affections, 44 mercurial affections, &c., in not one of which cases will it be pretended that diet alone could prove effective.

In conclusion, I will merely add, that the institution, where the mode of diet and regimen which has now been condemned is carried out in conjunction with the homœopathic system, is widely supported (as will be seen by a reference to the list of subscribers) by the illustrious, the noble, and the talented of the land.

I am, Sir,

Your obedient servant,

P. F. CURIE, M.D.

II.—DECLARATION FROM CERTAIN HOMŒOPATHIC PRACTITIONERS.

HOMŒOPATHIC PRACTICE.

TO THE EDITOR OF THE MORNING POST.

“ Nec protinus crimen artis esse, si quod professoris sit.—*Celsus* Lib. ii., c. 6.

SIR,—We, the undersigned homœopathic practitioners, feel ourselves imperatively called upon to repudiate certain dietetic doctrines put forward by Dr. Curie in his letter, in your columns, of

the 17th instant. These doctrines are not only at variance with the practice followed by us in the treatment of our patients, but in direct contradiction to the rules inculcated by Hahnemann, the Founder of Homœopathy, as well as to those promulgated by the leading disciples of his school. It is neither our wish nor our intention here to enter into any controversy respecting the merits or demerits of the system of medicine we think it our duty to pursue, as opposed to any other system ; nor is it our province to animadvert on the treatment of the late Mr. Cordwell, by Dr. Curie, as evinced at the inquest, and as subsequently defended by him in his letter. Had the matter remained where the Coroner's inquest left it, or had Dr. Curie, in his public letter, confined his observations to the defence of the peculiar mode of diet prescribed by him in the case of his deceased patient, we (being totally unacquainted with the particulars of that case further than as it appeared in the public journals) should not have felt ourselves compelled to come forward thus publicly. But, as an impression (possibly an unintentional one) has been extensively conveyed to the public by Dr. Curie's letter, that, in pursuing the course which he appears to have done, he was acting in strict conformity with homœopathic principles and practice, we feel it to be our imperative duty to rescue the memory of Hahnemann, and the system of medicine he has bequeathed to us, from the unmerited stigma which must be entailed upon both, in the eyes of the public, by a tacit admission on our parts, that a system of rigid abstinence, such as that avowed by Dr. Curie in his treatment of Mr. Cordwell, and other patients, is one essentially identified with the homœopathic principle.

The system of rigid abstinence above alluded to is not only not authorised by Hahnemann, but strongly censured by him. In treating of the faults committed by physicians over anxious to interfere with the diet of their patient, he particularly remarks that this is one of the rocks on which so many physicians split, and comments upon the exploded practice of keeping patients in the so-called hot (putrid) fevers on water drinks, tea, &c., declaring that a universal diet, like a universal medicine, is an idle

dream. He further illustrates his objections to a too rigorous regimen by the following case, in which a physician endangered the life of his patient by following out such a method :—" I once knew an ignorant over-officious practitioner prescribe such a severe diet to a healthy young woman, after a favourable first-labour, that she was on the eve of starvation. She held up for some days under this water-gruel diet—all meat, beer, wine, coffee, bread, butter, nourishing vegetables, &c., were denied her ; but at last she grew excessively weak, complained of agonising after-pains, was sleepless, costive, and, in short, dangerously ill. The medical attendant attributed all this to some infraction of his dietetic rules. She begged to be allowed some coffee, or broth, or something similar. The practitioner, strong in his principles, was inflexible. Not a drop ! Driven to desperation by his severity and her hunger, she gave way to her natural longings, drank coffee, and ate in moderation whatever she fancied. The practitioner found her, on his next visit, much to his surprise, not only out of danger, but lively and refreshed ; so he complacently noted down in his case-book the success of slop-diet in cases of lying-in women. The convalescent took good care not to hint to him her very innocent transgressions. This is the history of many even published observations ! Thus the disobedience of the patient not unfrequently saves the credit of the physician.

Is the *error calculi*, in such a case, the fault of the art or the patient ; or is it not rather the fault of the physician ?

The artificial diet prescribed by the physician is frequently much more objectionable than the accustomed diet of his patient ; or, at least, he frequently does wrong in rejecting the latter all at once.

"It is far less frequently necessary, than most physicians think, to make a material alteration in the diet of patients suffering from chronic complaints, at least in ordinary cases ; in acute diseases, the awakened instinct of the patient is often considerably wiser than the physician who does not consult nature in his prescriptions."

Thus wrote Hahnemann in 1797, seven years after his disco-

very of the new Therapeutic Law first dawned upon him, and one year after his open avowal, in *Hufeland's Journal*, of his new System of Medicine, to which he, at a later period, gave the name of Homœopathy. That he still held the same views with respect to diet, in acute diseases, is evident from the dietetic rules published by him in his *Organon* (which went through five editions, the last in 1833), thirty-six years subsequent to the period referred to in our first quotation, and when he had fully matured his system of medicine. After remarking, in a note, that some of his adherents appeared to exact too much from their patients by unnecessarily and improperly interfering with their diet, and after showing the necessity of imposing several dietetic restrictions in chronic complaints, to prevent the effect of the homœopathic remedies being antidoted, he goes on to state that "in acute diseases, on the contrary (excepting in cases of aberration of mind), the preservative instinct of the vital power so clearly and precisely marks the nourishment required, that the physician has merely to instruct the relatives and nurses of the patient not to thwart nature by refusing what the patient longs for, or by inducing him to take things that might be hurtful to him. The slight obstacles, which, by thus partially yielding (within proper limits) to the desires of the patient, may, perhaps, be thrown in the way of a complete recovery, are more than counterbalanced by the influence of the homœopathic remedy, by the greater extent of freedom given to the vital powers, and by the calm and refreshing relief afforded by the possession of what was so eagerly longed for."

Again, Hahnemann, in his work upon the "Treatment of Chronic Diseases," in recommending caution with regard to diminishing the quantity of nourishment and habitual stimulants, and in mentioning when brandy, wine, coffee, &c, may, and when they may not be given, writes as follows :—

"The physician must not, by misplaced pedantry (in diet) trifle with the advantages which the homœopathic treatment has over other symptoms, in all diseases, and particularly in chronic complaints, that of preserving the forces of the patient, so that

his strength may be supported whilst the disease is diminishing under the treatment."

We may also quote the work of an English physician. Dr. Simpson, in his "Practical View of Homœopathy," published in 1836, page 225, says—

"Far, however, from starvation being the principle of homœopathic diet, the very reverse is the case; in the concession of really nutritive substances, it goes very far beyond the old school. In the treatment of disease, even of an acute, but still more of a chronic nature, the object never to be lost sight of, by the homœopathic practitioner, is the due support of the material fabric, by a liberal allowance of pure nutritive food, the only substantial basis for vital re-action, without which the homœopathic method can do but little."

Were it requisite, we could quote numerous similar proofs from the works of many continental authors on Homœopathy, but we deem it unnecessary further to trespass on your courtesy, and that of your readers. We trust that we have sufficiently relieved homœopathy from the stigma of being a system of starvation; and, in conclusion, we again, most distinctly, and unequivocally repudiate, all connection between Homœopathy and the System of Dietetics, which would appear to have been pursued, and which has been subsequently defended, by Dr. Curie.

Nothing but a sense of the injury likely to arise to a system of medicine, of which we are followers from conscientious feelings, and under many disadvantages, could induce us to acquiesce in the very general call made upon us to put forward the present declaration.

(Signed) FREDERICK FOSTER QUIN, M.D., London.

JOSEPH GILIOLI, M.D., London.

WILLIAM H. MAYNE, M.D., London.

HUGH CAMERON, M.R.C.S., London.

HARRIS DUNSFORD, M.D., London.

WILLIAM HERING, L.A.C. London.

S. T. PARTRIDGE, M.D., London.

JOHN D. CHARLES, M.R.C.S., London.

VICTOR MASSOL, M.D., London.
 THOMAS ENGALL, M.R.C.S., London.
 ALFRED DAY, M.D., London.
 WILLIAM WARDROPER, M.R.C.S., London.
 WILLIAM HAMILTON KITTOE, M.D., London.
 J. CHAPMAN, M.A. Cantab., M.D., Liverpool.
 J. DRYSDALE, M.D., Liverpool.
 ROBERT WALKER, M.D., Manchester.
 EDWARDS PHILLIPS, M.R.C.S.E., Manchester.
 BERRY KING, M.A. Oxon., M.D., Birmingham.
 HENRY R. MADDEN, M.D., Brighton.
 CLAUDIUS B. KER, M.D., Cheltenham.
 JOHN NORTON, M.D., Birkenhead.
 JAMES GOODSHAW, M.D., Dublin.
 GEORGE NEWMAN, M.R.C.S., Glastonbury.

March 25, 1845.

* * * Concurrence with this declaration has since been expressed by
 "Dr. Broackes of London."

III.—DR. CURIE'S REPLY TO THE FOREGOING DECLARATION.

TO THE EDITOR OF THE MORNING POST.

SIR,—A declaration put forward in your paper of to-day by certain homœopathic practitioners demands an instant reply.

The object of this declaration is to state that the *dietetic doctrines*, avowed in my letter of the 17th instant, are wholly at variance with the practice of the gentlemen by whom it is signed, and also in contradiction to the rules of Hahnemann, the founder of the homœopathic system.

In reply, it may be necessary to premise that the important question for the public is not if the dietetic rules which I have promulgated are at variance with the practice of the signers of

the declaration, but whether they are in conformity with sound physiological views? If such can be shown to be the case, the circumstance even of Hahnemann having entertained different ideas (supposing the allegation to that effect to be true—which it is not) would of course have no bearing against them.

At the present moment, however, I believe it will not be necessary for me to occupy your space with any physiological argument, but merely, in order to remove the prejudice which the declaration may raise, to repeat the doctrine which that declaration is put forward “unequivocally to repudiate.” The words are as follows :—

“The first among all dietetic rules is this :—Whatever may be apparently the want of aliment, never give any if it cannot be digested, and in no case give more than the digestive organs can deal with.”

This is the only doctrine stated in my letter, and to this I still adhere. Its soundness, I think, will be apparent both to professional and non-professional persons ; and in a statement which I am shortly about to publish, I hope satisfactorily to show that it is not only based upon the strongest reasons, but that it is supported also by the highest authorities. Until this statement is prepared I must be content to let the public remain with the mere facts of the case as they stand at present before them, namely, that it is my rule never to give food where it cannot be digested, and that, according to their declaration, it is the rule of Dr. Quin, Dr. Mayne, and many other homœopathic practitioners, to pursue an opposite course.

I feel it necessary, however, to point out that, while the declaration alleges the above doctrine to have been strongly “censured” by Hahnemann, no proof whatever is adduced to that effect. In the case of the ignorant over-officious practitioner, quoted from his writings, who endangered the life of “a healthy” young woman, by prescribing a severe diet, there is no evidence that the digestive functions were suspended ; and the other quotations merely aver that it is “far less necessary than most physicians

think to alter the diet of patients suffering from chronic complaints, at least in ordinary cases," and that in "acute" diseases "the instinct of the patient" should, "within proper limits," be recognized by the practitioner. That these statements are not necessarily opposed to my doctrine will immediately be recognized.

Having thus met the declaration of my brother practitioners, in the first place, by avowing that I still hold to the doctrine which they condemn, and, in the second place, by denying their assertion that that doctrine was ever censured by Hahnemann, it will be proper for me to remark upon the motive which is alleged to have prompted its publication.

It appears that nothing but the circumstance of my letter of the 17th being calculated to convey an impression that my dietetic doctrine was essentially identified with homœopathic principles and practice, could have induced these gentlemen to come forward. A reference to the letter in question will show to what extent this circumstance existed. It will there be seen that I commence the statement of my dietetic rule by remarking, that it is admitted by many physicians, "whether homœopathists or not," and a little further on, I refer for testimony regarding its efficacy in practice, to the experience of all the homœopathic physicians who prescribe it. These remarks seem to me sufficiently clear to avoid compromising those amongst the homœopathic practitioners who do *not* prescribe it, and to show to the public that it is not "essentially identified with the homœopathic principle."

It is evident, therefore, that the signers of this declaration have, in some unaccountable way, misread my letter, and have, consequently, acted upon a reason which had no foundation. When it is considered that *nothing* but the belief which they have thus erroneously fallen into could have induced them to send forth this declaration, the mistake is certainly to be regretted. It is the more unfortunate that it should have occurred at a period when the ex-parte opinion of a jury, and of a coroner

bitterly opposed to homœopathy, together with the yet unretracted personal calumnies of an influential portion of the public press, are likely to render a misrepresentation against me from a combined party more embarrassing and effective than it could prove at any other time.

I am, Sir,

Your obedient servant,

P. F. CURIE, M.D.

Thursday, March 27.

The abovementioned declaration has since been extensively circulated in the form of a tract, *but without either my letter which drew it forth, or my subsequent remarks.* In all cases where a statement is put forward to impeach the allegations or the reasons of another party it is recognized as a rule of common honesty, that the document containing those allegations or reasons should accompany such statement, or that each of the portions referred to should be distinctly quoted. It is to be regretted that, in the present instance, a rule so sound and obvious should have been wholly disregarded.